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ABSTRACT

Based on experiential learning models for improvement of individual behavior and teamwork effectiveness, this handbook is designed to assist personnel in the Veterans Administration (VA) health delivery system with interpersonnel processes that will improve organizational effectiveness. Chapter 1 contains background information concerning the origin of the Training for Individual and Group Effectiveness and Resourcefulness (TIGER) program, a description of and rationale for the laboratory method of learning and changing, the development of the TIGER network of trainers, perceived impact of the TIGER program on the VA system, and directions for the future. Chapters 2, 3, and 4 describe the designs for the three levels of training of trainers workshops: basic, advanced, and district consultant training. Guidelines, issues, and concerns for designing experiential learning workshops are covered in chapter 5. In chapter 6 five workshop designs for special purposes are described step-by-step. These designs include the following: developing supervisory leadership skills, team building and intergroup relations, team building and working with a chronic patient population, death and dying, and a guide for problem-solving training for patients. Finally, chapter 7 deals with program evaluation and measuring goal achievement. The appendixes contain theory material and the more elaborate step-wise design elements associated with chapters 2, 3, 4, and 6. A bibliography of books and journals concerned with training and consultation theory and material follows chapter 7. (JH)

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INFORMATION BULLETIN

TRAINING FOR INDIVIDUAL AND GROUP EFFECTIVENESS AND RESOURCEFULNESS

A HANDBOOK FOR TRAINERS

DEPARTMENT OF MEDICINE AND SURGERY
VETERANS ADMINISTRATION
WASHINGTON, D.C.

CE 016 603

2

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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FOREWORD

Assuring effective interpersonal processes among the staff and between the staff and patients is one of the most complex tasks facing administrative, technical and professional health delivery workers within our health care facilities. Meeting human expectations and needs during the stress of sickness, the complicated process of entry to a health delivery system and the actual admission to treatment is one of the most sensitive and personal aspects in the entire continuum of health delivery systems. During entry and admission to treatment many important professional decisions are made and it is during this point in time that personnel attitudes are communicated to prospective patients either wittingly or unwittingly. The process of communication, attitudinal as well as verbal, may have a lasting effect on patients and their families as to the overall efficiency, effectiveness and the "caring" atmosphere of hospital and ambulatory care operations. Attitudinal communications during this entire spectrum of interpersonal processes may affect the whole future course of treatment as well as patient and family cooperation for follow-up care of future treatment contingencies. During the admission to a health care facility and carrying out of treatment, lasting impressions are made which may relate directly to the interpersonal skills of the staff, the team work, strengths of the staff and the entire array of observable behavior demonstrated by administrative, technical and professional staff workers. We can be highly capable and skillful in the use of the most advanced technology but depreciate the effectiveness of these resources by the lack of interpersonal skills and by the display of indifferent attitudes. One of the most important factors in the process of health care delivery is to examine, modify and develop attitudes and behavior in the providers of health care which potentiate treatment goals and enlist positive attitudinal support from the consumers. It is to these human behavioral aspects of health care that this handbook for improving human behavior through training has been prepared.

This training handbook, which is based on experiential learning models for improvement of individual behavior and teamwork effectiveness, is unique in its development and utilization in the nationwide health delivery system of the Veterans Administration. Never before has this type of training and learning been undertaken on the scale that has been demonstrated by the Department of Medicine and Surgery of the Veterans Administration. The expectation with the publication of this revised handbook is that we can improve our organizational effectiveness in providing services to sick veterans and troubled families. In using this handbook and in learning to improve our human relationships and treatment-team effectiveness it will be important to ask ourselves several questions: How can I modify and mobilize all of my human resources to provide the most effective and highest quality health service? How can I open myself to new experiences and new learning in order to increase my own personal effectiveness? How can I develop an empathic attitude, i.e., put myself in the shoes of other persons and experience the world of sickness and pain as they experience it, not as I think they should experience it? Can I learn to improve my listening skills and verbal communications so that I do not send confused or mixed messages? Can I model my values with other persons in a way that my behavior is consistent? Can I conduct training of health delivery staff in a way that will facilitate others to change directions in order that they may feel and know that they are now more productive, taking into consideration their needs, the patient needs, and the organizational mission?

This handbook is intended to assist people in learning to deal with issues and problems which exist in the VA health delivery system and which can provide a continuing challenge to creative problem solving. Many issues center around the need for treatment-team building and morale maintenance for work in the treatment units including both short-term and long-term, special treatment programs, such as Spinal Cord Injury units, renal dialysis, and specialized outpatient or ambulatory treatment programs.

Many large organizations do planning and coordination of functional units by an executive-type committee. A parallel is found in the mental health programs of the Veterans Administration through the use of a Mental Health Council which is a multidisciplinary group for the above purpose. The complexity of today's health delivery problems needs to be looked at from many perspectives requiring expert resources from a variety of disciplines and specialized bodies of knowledge. Likewise, total health care for as complex an organism as a human can no longer be effectively provided from a single unitary discipline. Human beings are a part of systems, such as families, work systems, political systems, social systems, educational systems, and so forth, and human beings with health problems cannot be dealt with by a simplistic organizational staffing pattern for the delivery of comprehensive health services. To the extent that all administrative, technical and professional staff respect the uniqueness as well as the complexity of their client and their potential patients, in trying to understand the psychology of expectations and demands and to maximally use resources for the attainment of treatment goals - to that extent the veteran and his family will receive the highest possible quality health services.

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TRAINING FOR INDIVIDUAL AND GROUP EFFECTIVENESS AND RESOURCEFULNESS

A HANDBOOK FOR TRAINERS

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PREFACE AND ACKNOWLEDGEMENTS

The actual beginning of the system-wide program "Training for Individual and Group Effectiveness and Resourcefulness" (TIGER) took place at a planning meeting in Central Office in October 1972. This planning meeting, convened by Dr. Cecil P. Peck, now Deputy Director of Mental Health and Behavioral Sciences Service (VA Central Office), and attended by Dr. Roy Brener (Chief, Psychology Service, VA Hospital, Hines, Illinois), Dr. Ralph Fingar (Chief, Psychology Service, VA Hospital, Boston, Massachusetts), and Dr. Philip G. Hanson (Psychology Service, Director of the Human Interaction Training Laboratory, VA Hospital, Houston, Texas) was for the purpose of designing the first training-of-trainers workshop for 12 experimental hospitals. These hospitals were chosen to institute a new admission and ambulatory care program to provide more effective and humane processing of incoming patients. It was hoped that a training program geared to sensitizing employees to be more responsive to the needs of veterans and their families would reverse a growing trend in complaints about the insensitive handling of applicants for health care. The first training-of-trainers workshop to meet these needs was conducted in December 1972 in Houston. A product of this workshop was the first handbook, Individual and Group Effectiveness Training: A Handbook for Trainers, by Philip G. Hanson and published by the Veterans Administration Department of Medicine and Surgery in June 1973.

Since that time, some 30,000 VA employees involving 176 hospitals and outpatient clinics have experienced human interaction training in the TIGER program. In addition, from 400 to 500 people have received anywhere from one to more than four weeks of training in conducting individual and group effectiveness training in their own field stations and in providing consultation to other hospitals. This endeavor possibly represents the largest employee training effort undertaken by any organization in the United States.

The present handbook represents a revision and expansion of the original handbook, including many more workshop designs, theory material, and problems and issues in experiential learning. Credit for completion of this much expanded edition goes primarily to the Director of the TIGER program, Dr. Philip G. Hanson. Chapter One contains background information concerning the origin of the TIGER program, a description of and rationale for the Laboratory Method of learning and changing (experiential learning), the development of the TIGER network of trainers, perceived impact of the TIGER program on the VA system and directions for the future. Chapters Two, Three and Four describe the designs for the three levels of training-of-trainers workshops: basic, advanced and district consultant training, respectively. Theory material is referenced in these designs and described in the appendices. Guidelines, issues and concerns for designing experiential learning workshops are covered in Chapter Five. In Chapter Six, five workshop designs for special purposes are described step by step with theory material included in the appendices. These designs include workshops on: developing supervisory leadership skills, team building and intergroup relations, team building and working with a chronic patient population, death and dying, and a guide for problem solving training for patients. Finally, Chapter Seven deals with program evaluation and measuring goal achievement. The appendices make up the larger portion of the Handbook and contain all of the theory material and the more elaborate step-wise design elements associated with Chapters Two, Three, Four and Six. A bibliography of books and journals concerned with training and consultation theory and material follows Chapter Seven. This list, of course, is suggestive and is recommended reading for interested VA personnel as well as trainers and district consultants.

We would like to acknowledge the contributions of Dr. Cecil P. Peck's leadership in the program which reflect the democratic ideals consistent with the philosophy of participative management and team effort. His style of leadership enabled the Houston-based staff to utilize fully their own resources and influence in conducting the TIGER program. Many thanks are due to Dr. Carleton Evans, Director, Health Systems Research and Development Service, VA Central Office, whose research support for two years provided us with additional trainer/consultant manpower. His moral support, in addition, was a strong factor in promoting the high morale of the Houston-based team.

We would also like to express deep appreciation to Dr. Sidney E. Cleveland, Chief, Psychology Service, VA Hospital, Houston, Texas, who strongly supported our efforts both in spirit and in many practical ways, making it easier for us to function with a considerable amount of freedom and a minimum amount of administrative baggage. In addition, his ideas, experience and consultation were an extremely valuable resource to us at our many meetings and in our decision-making. We would additionally like to highlight the major contributions made to the TIGER program by Ms. Reba McCoy who functioned as an executive secretary, liaison between Central Office, Houston and the training network, coordinator and receptionist for many workshops, and production supervisor of both handbooks. Her high level of competence, creativity, energy and common sense enabled her to meet many "unreasonable" demands and deadlines, both from us as staff and from the system. Critical to the success of the TIGER training program for the entire VA system was the dedication and coordination of work by Mrs. Dorothy Hughes, Mental Health & Behavioral Sciences, VA Central Office. Her carrying out of operational responsibilities as well as proofing of materials for success of the training and this handbook were done with enthusiasm and skill that provided assurance of quality.

Next we wish to acknowledge the district consultants who were active, not only in staffing the national level workshops and policy and planning sessions, but in initiating and conducting regional training activities. A list of their names follows these acknowledgements.

Last, but certainly not least in importance, are the several hundred trainers who, with a minimal amount of training and preparation, made the lonely trip home from the workshops to their local stations and implemented the training nationwide. As one district consultant put it, "I never realized there was so much talent and enthusiasm in the VA system. I feel proud to be a part of it." If the TIGER program did anything, it certainly created a community atmosphere across a network of 171 hospitals and outpatient clinics.

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CHAPTER ONE

BACKGROUND OF TRAINING FOR INDIVIDUAL AND GROUP EFFECTIVENESS AND RESOURCEFULNESS PROGRAM

I. Introduction

Nowhere are the problems of change more evident than in the Veterans Administration Hospital system where three generations of patients representing four wars interact with employee groups also representing different generations. Old and established norms are being challenged by different generation groups from varied socio-economic backgrounds whose values and expectations on how to behave, how they want to be treated, and how they want to relate to each other and to society frequently come into conflict with status quo policies and procedures. One of the major points at which these forces converge is during the evaluation for entry into treatment, although other points of contact between patient and VA health delivery personnel are no less critical. The Admitting Office, however, is the first point of contact during which the process of health care delivery is initiated and, for the reasons described below, was chosen for the initial thrust as a focal point of change within the system. Experiences and impressions gained by the veteran upon his initial admission contacts with the VA personnel may influence his perceptions of all the medical treatment received and his ultimate rehabilitation. As a consequence of many dissatisfactions, misunderstandings, and conflicts arising at these initial points of contact, a considerable amount of stress has been generated within the VA system and between the VA and its client (the veteran and his family). These stresses require new approaches and orientations for their prevention and/or resolution.

During recent years and culminating in 1972, many complaints regarding ineffective and discourteous handling of veterans seeking medical care have been voiced throughout the VA system. In an attempt to meet these complaints a reorganization of Admitting Offices in VA hospitals was initiated. In exploring the problem VA Central Office believed that a critical factor in these complaints involved perceptions and attitudes of many VA personnel toward incoming applicants. It was also determined that to seek resources to deal with these problems outside the system would be to ignore and bypass appropriate resources within the VA. As a consequence, the task of developing a program to deal with these more personal and interpersonal issues was given to Dr. Cecil P. Peck, Deputy Director of the Mental Health and Behavioral Sciences Service (Appendix A).

Dr. Peck believed that an experiential learning approach (Laboratory Education) would have greater impact on participants than the more traditional (classroom style) educational methods (see rationale below). He identified the Psychology Service at the Houston VA Hospital as having the relevant background, experience and resources to conduct a program of training utilizing these methods. A six-member staff from the Psychology Service at Houston was given the responsibility for conducting a national employee training program to be known as Training for Individual and Group Effectiveness and Resourcefulness (TIGER).

The experiences and resources that existed in the staff, together with the challenge of the task, created an atmosphere of excitement, pressure, apprehension and enthusiasm which has been and continues to be an important factor in motivating, directing and maintaining the program. The development of the TIGER program was influenced by some of the following staff experiences and backgrounds:

A. A varying range of heterogeneous experiences in and out of the VA Hospital system, many of these shared by different staff members prior to the TIGER program:

   1. More than 15 years' experience in applying the laboratory method of learning to a treatment program for psychiatric patients (Hanson, Rothaus, Johnson, & Lyle, 1966; Hanson, Rothaus, O'Connell, & Wiggins, 1969; Hanson, Rothaus, O'Connell, & Wiggins, 1970; Johnson, Hanson, Rothaus, Morton, & Lyle, 1965). The Patients Training Laboratory (PTL), now called the Human Interaction Training Laboratory (HITL), is still functioning and has been a model for other treatment oriented training laboratories in VA Hospitals such as those in St. Louis, Missouri, Topeka, Kansas, Miami, Florida, Leavenworth, Kansas, and Tacoma, Washington.

   2. The conducting of two to four one-week leadership workshops each year, since 1962, for VA personnel and personnel from health care institutions in the community. These workshops were conducted at the Houston VA Hospital as a service to the community and to the VA Hospital itself.

   3. Experience in receiving training from, and conducting laboratory programs for, the National Training Laboratories Institute for Applied Behavioral Science (NTL), including training, theory, and practice workshops.

   4. Developed and conducted a series of workshops on "Administrative Skills" and an organization development (OD)

program, over a two-year period, for the Houston Independent School District.

5. Developed and conducted a program in conflict management, over a one-year period, for the community and the Houston Police Department.

6. An educational and experiential background in clinical and social psychology, clinical research, management, education, sociology, and applied behavioral science.

B. Prior to the allocation of Central Office funds for the national TIGER program, the following experimental groundwork was accomplished:

   1. Designing and conducting a Training-of-Trainers (TOT) workshop for the 12 test hospitals* in November 1972, and a workshop on "Developing Organizational Effectiveness" for Chiefs of Medical and Medical Administration Services from the same 12 test hospitals in March 1973. The design of the TOT workshop was based on a survey of needs from several hospitals.

   2. The handbook, Individual and Group Effectiveness Training: A Handbook for Trainers (Hanson, P.G., Washington, D.C.: Department of Medicine and Surgery, Veterans Administration, June, 1973), provided a description of the first TOT workshop for the 12 test hospitals with design and theory materials included. This handbook was distributed to all VA Hospitals and Outpatient Clinics, and trainers. Some of this material was included in the design of the subsequent basic TOT workshops. Other designs were utilized in the TOT workshops to foster more personal feedback in terms of leadership styles, to cover practice in diagnosis, designing, implementing and evaluating interventions, and to highlight motivation of employees and utilization of group resources.

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The following section describes in more detail the background and educational approach used by the system-wide training program, TIGER, which was developed in response to the problems of communication and stress between VA personnel and the eligible beneficiaries for health care services.

II. The Laboratory Method of Learning

A. History

The Laboratory approach to learning and change is an educational method developed by the National Training Laboratories Institute of Applied Behavioral Science (NTL), Washington, D.C. from 1946 to the present. During the summer of 1946 a workshop in intergroup relations was held at the State Teachers College in New Britain, Connecticut, in which the concepts of unstructured group sessions and experiential learning were "discovered." Feedback from the staff to the group participants about individual and group behavior together with the experiential learning generated by interpersonal and group activity, appeared to produce more learning and stimulate more interest than did the formal structures (e.g., seminars, lectures, etc.) of the program. As a consequence of this program the first workshop in group development was initiated in Bethel, Maine in 1947 by the National Training Laboratories in Group Development later to be called the National Training Laboratories Institute of Applied Behavioral Science (NTL).

Building on their experiences at the New Britain workshop, the innovators of the first NTL laboratory, Kurt Lewin, Leland Bradford, Kenneth Benne, and Ronald Lippitt, brought with them the background of experiences and knowledge that made the "experiment" possible. These backgrounds and competencies included the use of research concepts and methods as an instrument for implementing change, original theories in group dynamics and social change, educational philosophy and psychology, adult education, social psychology, and workshop discussion methods.

Since 1947 NTL has developed and expanded the concepts of the Laboratory Method or Laboratory Education from its initial focus on small group behavior to areas concerning organization development (OD), community development (CD), and individual personal growth (PG).

The Laboratory Method and concepts have been used in every phase of the development of organizations and their staffs in the fields of industry, education, religion, government, community actions, and international services.

B. Elements and Conditions for Learning

For its learning base the Laboratory Method depends upon several elements and conditions: the learner is actively involved in the learning experience (i.e., he is not a passive receiver of information); each learner is responsible for his own learning; the learning process has an affective as well as an intellectual component; much of what is learned is generated by the activities and interactions of the learners; the learner is encouraged to experiment with new ways of behaving or problem-solving; the learner abstracts principles, hypotheses and theories from the experiences which have some action implications for the learner; and the learning process is usually facilitated by a trainer or consultant who has a professional background in the behavioral sciences and Laboratory Education.

C. Laboratory Method vs. the Traditional Classroom Approach

There are several elements in the Laboratory Method that have more potency for implementing the goals of the training program than a purely cognitive classroom approach. While more traditional methods of education, such as lectures, panel discussions and seminars, assume a rather passive recipient, the learnings from the Laboratory Method emerge from the participants' experiences and are processed and conceptualized by both participants and staff. The term "laboratory" is employed to reflect an action-research model in which the knowledge and methods of the behavioral sciences are utilized and applied to individual and group interactions and processes and to human problems in general (Appendix B).

Creating more effective leaders, problem-solvers, communicators, and decision-makers involves learning skills which are analogous, in some ways, to driving an automobile or playing football. In developing these more physical kinds of skills, it has been found that reading or lectures may contribute to the understanding of the skill but are relatively ineffective in developing the skill itself. The best way to learn a skill is to experience it and practice it. Reading and hearing lectures about driving an automobile is not the same thing as getting behind the steering wheel and driving the automobile yourself. There is a host of bodily and emotional factors that go into the learning process besides the purely intellectual ones. When one drives an automobile or practices football, he is using the experiential method. The laboratory approach uses all three methods: lectures, reading, and experience, but places a much heavier emphasis on the last. For example, rather than just read or hear about decision-making and group action, participants are given a problem on which they have to reach some agreement as a group. During their discussion many kinds of decisions are made which have different kinds of consequences on group members' interactions and involvement. At the end of the exercise the group then processes their interactions to learn how decisions were made and how these decisions affected group members' commitments to the final product.

Another element present in the laboratory approach, but not considered in the lecture method, is the affective component of learning. Feelings, and the attitudes and perceptions they support, are factors which strongly influence the learning process and determine, to a large extent, how we will use what we learn in relation to others. For example, events associated with strong positive or negative feelings are remembered for much longer periods of time than those events which were surrounded with neutral or no feelings. Another example can be taken from our own experience in working with the police and community (Bell, Cleveland, Hanson, & O'Connell, 1969). Attitudes and prejudices on both sides colored the perceptions each group had of the other, thereby creating negative stereotypes. Only through face-to-face confrontation in which both groups were able to test their assumptions about each other, look at the behaviors which supported the stereotypes each group had of the other, examine some of the feelings or emotions which supported these stereotypes and work together in a problem-solving manner was either group able to understand better the sources of conflict. The experiential approach is better able to reach the affective resources in individuals and to make them available for both personal and professional growth.

D. The Philosophical Basis of the Laboratory Method of Learning

1. Concept of People

a. People are basically healthy, self-motivated organisms who need to work and live in systems that respect them and their humanity.

b. People will support what they help create. Individuals will be more highly invested and committed if they participate in decisions and in solving problems that affect their lives both in the community and at work.

c. People have growth needs which develop from infancy to maturity. These dimensions move from being passive to being active, dependent to independent, simple to complex behaviors, erratic short-term perspective to long-term perspective, subordinate position to equal or superordinate position, and lack of self-awareness to self-awareness and control over oneself (Argyris, 1958).

d. These growth needs are activated by a certain amount of psychological energy which exists in all individuals and will find some kind of expression even when they are blocked. When not blocked or thwarted, however, by community and organizational practices or norms which inhibit them, these growth tendencies will facilitate the development of healthy, mature, and self-actualizing individuals.

2. Values

The values supporting the laboratory method can be categorized into three major concerns: scientific ethos, democratic process and helping relationships. The description of these concerns are taken from Benne, K.D., Bradford, L.P., Gibb, J.R., and Lippitt, R.O., 1975, and are summarized here.

a. The scientific ethos. The concepts, methods, and values of the social and behavioral sciences need to be more fully utilized in problem-solving and in the practical affairs of communities and of organizations. The central values implicit in the scientific method, such as objectivity, integrity, and the pursuit of information relevant to the issues need to be integrated into the processes of decision-making and problem-solving. Too often decisions are made on the basis of political expediency and maintaining the status quo rather than on objective evidence.

b. The democratic process. The democratic process fosters responsible involvement in decision-making in the affairs that concern one's own work and life. This process also involves a commitment to confronting problems and difficulties in an objective problem-solving attitude, to collaborating with others in defining problems and working through solutions, and to testing one's own assumptions, biases and values as they impinge on the problem-solving process. The democratic process is closely aligned to the scientific ethos in that it values evidence in terms of its objectivity and relevance rather than in terms of its value in supporting or defending status quo policies or competitive strategies that run counter to the data.

c. The helping relationship. The laboratory educator has a commitment to helping people deal more effectively with conflict and change and to improve the helping process itself. The pressures of an ever-changing social system place increasing demands on the helping professions to help others increase their human relationship skills in working with each other and in confronting problems that face them. Out of these values and orientation the concept of the "change agent" arose.

III. Training for Individual and Group Effectiveness and Resourcefulness (TIGER)

A. Development of the TIGER Program and Network

During the latter part of 1972 a training program using the Laboratory Method was set up to train VA personnel throughout the system to adopt more humane and interpersonally effective ways of working with patients. The program, called TIGER, was designed to train employees to increase individual awareness of, and sensitivity to: (a) the process of interpersonal communication, (b) the elements which constitute an effective helping relationship, (c) the management of interpersonal, group and intergroup conflict, (d) team building issues, and (e) the effective utilization of team resources in problem-solving for quality and quality assurance in health service delivery. The intent of the project was to create an internal network of resource personnel (trainers to do human interaction training at their own locations) to accomplish the above objectives. This network was to include trainers from all hospitals and outpatient clinics. In addition, some 40 to 50 trainers would be given additional training to serve as consultants to hospital trainers (see Chapter Four). It was further assumed that if sufficient people were exposed to training (some critical ratio or mass) it would create a climate in which services would be more prone to work on internal programs such as looking at their own leadership styles, identifying and utilizing resources more effectively for making decisions and solving problems, and building more effective work and treatment teams. It was hoped that a network of district consultants would sustain and reinforce this problem-solving climate which incorporates both scientific and humanistic concerns.

A series of one-week basic and advanced workshops were set up throughout the country at five locations. From those who received advanced training, 55 trainers were selected to serve as district consultants and were given further training in the laboratory method and consultation skills to assist hospital trainers within their districts and to develop geographical regional training activities. Workshops were subsequently conducted by district consultants in geographic regions where hospitals pooled their resources (northeast, Northampton, Mass.; northwest, Walla Walla, Wash.; southeast, Charleston S.C. and Tampa, Fla.; southwest, Shreveport, La.; south Nashville, Tenn.; far west, Sepulveda, Calif.). Workshops conducted by the national training staff and district consultants were also held for personnel in VA Central Office, Washington, D.C. In Houston, three workshops on Leadership Style and Organizational Behavior were conducted for Chiefs of Medical and Medical Administration Services from the 12 original test hospitals,* for Service Chiefs from Central Office and Chiefs of Staff from field stations, and for management analysts. In many hospitals, training programs have moved in the direction of workshops for developing supervisory skills and team building for treatment and administrative units. Since the first TIGER workshop in November 1972, some 500 people have received varying degrees of training and consultation to conduct or support training activities in their hospitals and districts. Overall, some 25,000 VA personnel have been involved in workshops conducted by hospital training staff and district consultants.

B. Philosophical Assumptions of TIGER

The following philosophical position is a distillation of the laboratory philosophy discussed previously and now expressed in terms of the VA health care delivery system. This particular statement was developed by a district consultant task group** for the TIGER program.

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1. An effective health care organization is flexible, growing and responsive to changes impinging from within and from without the system.

2. The mission of a health care organization is best fulfilled when its individual members' sense of worth is affirmed, personal resources are fully utilized, and all individuals in the organization have influence and accept responsibility for achieving health care delivery organizational goals.

3. The above assumptions are more likely to be realized where:

    a. open communication, up, down and sideways exists;

    b. a problem-solving climate exists;

    c. increasing self-awareness and the awareness of the impact of one's behavior on patients and staff is positively valued;

    d. stress and conflict are dealt with openly rather than avoided, ignored, or denied;

    e. leadership styles and their consequences in terms of patient/staff relations and productivity are open to examination;

    f. effective professional and administrative team functioning is fully understood and valued;

    g. an atmosphere of collaboration exists rather than one where win/lose strategies are normative.

4. Developing these abilities requires an attention to process and to the affective component of learning. The experiential learning approach, through its emphasis on these dimensions, is the most effective educational method currently available.

5. People are continuously making choices from an array of values, beliefs, attitudes, and behaviors. To be conscious of these choices and to assume personal responsibility for them is a central prerequisite for effective staff behavior. Alternatively, being a "victim" of the system is antithetical to the role of the trainer or change agent (Appendix II-g).

C. Issues and Problems in Training

1. Clearly Stated Goals

The learning goals and methods of training workshops should be clearly spelled out so that participants have as clear a picture as possible of what it is they are "buying." This does not mean that each element of the design needs to be described, but the major vehicles through which learning takes place can be cited. For example, large plenary sessions, structured exercises and small group meetings describe three such vehicles.

The trainers need to clarify the purposes of the workshop for themselves. This clarification provides guidelines of what is or is not appropriate in the workshop and what behaviors are consistent with their own values. It is extremely disconcerting to participants to arrive at a workshop expecting one thing from a written brochure and getting something entirely different.

In many cases, people arrived at TIGER workshops having received no prior information at all. In spite of the efforts of Central Office and the Houston staff to provide guidelines for selecting potential trainers or workshop participants, these guidelines were not communicated to all candidates. The task for the workshop staff is then to bring these participants on board by clarifying their confusion and legitimizing their mixed feelings.

2. Volunteerism vs. Coercion

Closely related to the issue of participants arriving at a workshop, not knowing what to expect or why they are there, is the problem of those who were coerced, directly or indirectly, to come. Ideally, for participants to benefit maximally from an experiential kind of learning situation they should not only know what to expect but to want this kind of experience. The primary value underlying the laboratory method is the democratic process. To coerce people to attend these workshops violates this value. Coercion can be in the form of a directive or suggestion which the participants feel would be detrimental to themselves to reject. In any event, when participants arrive at the workshop under these conditions, feelings of resentment and resistance make learning extremely difficult.

The staff needs to deal with these feelings immediately rather than to let them fester and infect other participants or block a potentially good learning experience. One way to confront these feelings is to surface them, legitimize them and support the resistant participants. Secondly, present them with the dilemma that they are here regardless of how they got here, and that they have only two real options (leaving the workshop is not a real option since they were "sent" or may be several hundred miles from home). One option is to resist the workshop by not participating, not getting involved, and assuming a detached (or sabotaging) role in their group. Another option is to assume the attitude "Well, I'm here; I'm angry and resentful, but I'm here. These people (my group) are not responsible for my predicament. What sense would it make to fight them? Since I am here and will be here for a week, how can I best use this time? What can I learn for myself and how can I contribute to this group?" In most cases, presenting these options, while at the same time supporting participants' negative feelings as legitimate, reduces their resistance, and, at best, shifts their attitude to a "Well, I'll give it a try," position.

3. Staff Responsibility

Trainers who accept a staff role in a workshop should assume responsibility for their own behavior and its consequences. In addition, each staff member assumes responsibility for the workshop and its success. This responsibility provides the basis for building an effective team and projecting an attitude of caring and concern. Trainers come to the workshop with their own set of personal and professional values which should be made explicit whenever appropriate. A distinction needs to be made in terms of content versus method or process. Trainers who assume an advocacy position because of their values concerning the content or issue are not making an effective use of their resources. If trainers value the process which enables participants to surface, clarify and examine their issues (or values) in terms of the consequences, the trainers are then utilizing their own resources more in the direction of the participants' goals rather than the trainers' own needs.

Trainer competency is best evaluated in terms of the trainers' knowledge of self and the consequences of their behavior as well as a repertoire of techniques. While trainers need to interact freely with participants in order for participants to know them, trainers are not always completely free to be themselves.

Participants will often invest in the trainers' role many more powers than have a basis in reality. Therefore, the behavior of trainers has more impact and consequently more potential for harm or benefit. Regardless of whether or not trainers like it, their behavior provides a model for participants. If trainers value openness and devalue "game behavior," their own behavior will reflect these values and be perceived by the participants as such.

4. Creating a Learning Environment--"Manipulation?"*

Unfortunately, the negative connotations of this word frequently blind people to its legitimate functions in teaching, training, learning and changing. Participants come to workshops or training events to achieve goals they have brought with them. They expect the trainer to facilitate the achievement of these goals by using specialized skills. The trainer then consciously creates a training situation to help them realize their goals. The question of ethics arises, however, when the trainer uses his or her skills to move participants in a direction that violates their own values or goals or to produce changes they do not want. Many of the methods used in experiential learning have considerable impact on participants and may frequently be met with resistance. Resistance to the method, however, should not be confused with resistance to a goal. Some methods may be needed to facilitate the participant's goal achievement, but meet with resistance because of the threat they evoke. The trainer may then provide support to the participant to enable him or her to move through this barrier to learning and goal achievement. If the learning goal is not what the participant wants (e.g., may violate some basic value), his or her rights not to change should be respected.

Sometimes a structured exercise, which has a deceptive element, may be used to facilitate a learning goal. For example, a role playing situation in which one or more of the participants are unaware of the scripts played by the other might be used to highlight or demonstrate a point. These kinds of exercises, while they may even be fun, tend to create distrust of trainers. If the trainer knows this beforehand, the choice of using the exercise must be determined by weighing the learning payoff against the risk of creating distrust.

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*See Chapter Five on "Designing for Experiential Learning" for more detailed comments regarding these issues.

5. Structured vs. Unstructured Experiences*

A structured workshop, such as those conducted in the TIGER program, consists of a series of experiences, one building upon the other, in which participants are asked to perform certain tasks and to examine the interactions in terms of the feelings, perceptions, insights, attitudes, and concepts that were generated. For example, the group-on-group observations, in which one group observes another group working and feeds in process observations, is a structured experience. In the TIGER workshops time is also provided for unstructured group sessions: trainerless D-Groups, (Appendix I-a), in the basic workshops and T-Groups (trainer in group) in the advanced workshops.

In unstructured workshops most of the time is spent in T-Groups with a trainer present during T-Group time. In these groups there are no agenda, no set tasks or procedures, and no direction specified by the trainer. From this unstructured, often chaotic beginning, group members attempt to build a cohesive learning unit in which most of what they learn is generated by their own activity and interactions. The T-Group meetings are interspersed with some structured activities such as theory sessions, community exercises, and other kinds of groupings with a specified task. The major block of time, however, is occupied by the T-Groups.

In addition to the degree of formal structure there are other differences between structured and unstructured workshops:

a. The learning goals of the structured workshop tend to be more specific, and the structured interventions guide participants toward them. There is much less guidance in T-Group design workshops.

b. In structured workshops more time is spent on developing conceptual understanding, leadership and group skills, and relatively less time in developing greater awareness of self and interpersonal processes.

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*The terms "structured" and "unstructured" workshops are used in a relative rather than an absolute sense.

c. Structured workshops are less intense in terms of anxiety-provoking experiences and degree of frustration as well as "highs." The experiences in the structured workshop, nevertheless, can be extremely rewarding as well as instructive.

d. Feedback is usually more systematic than is true of the T-Group design workshop and frequently structured through instruments like leadership grids, dimensions of managerial behavior, etc.

e. In structured workshops participants are more likely to generate their own data through the use of scales which are fed back to them in meaningful numerical terms. These exercises or "experiments" which generate data to be fed back to the groups are based on an action research model.

f. Through the use of Development Groups (trainerless D-Groups or self-directed groups) in structured workshops a larger number of participants can participate with fewer staff members, e.g., one or two trainers can conduct a workshop with 40 to 60 participants.

The charge of the TIGER program was to train participants to conduct workshops back in their own hospitals. Because of the differences delineated above, the TIGER staff felt that structured workshop designs would best accomplish this task in the shortest time possible.

6. Training vs. Therapy

Experiential learning, with its focus on the affective components of behavior, is sometimes utilized by people with personal problems for "bootleg therapy." What makes it more confusing is the fact that training and therapeutic goals are often identical, e.g., greater self-awareness and interpersonal competence. In therapy, however, the client is coming for help because of some perceived inadequacy and the treatment goal is remedial in nature. In training the participant is assumed to be adequate or competent, and wants to increase his or her competence, e.g., to be a better teacher, manager, therapist. While there is considerable overlap, the types of educational experiences can be seen as a continuum from classroom to seminar to topic (task) groups to structured experiential laboratories to T-Group laboratories to personal growth laboratories to therapy groups. Furthermore, laboratory training focuses almost completely on here-and-now experiences with some back-home application, but no one-to-one in-depth exploration of back-home personal problems. When a participant is moving in the "therapy" direction, the competent trainer will refocus his or her attention to the here-and-now workshop group and goals. This is not to imply, however, that much of what a person learns in a workshop is not applicable or relevant to back-home personal problems. Many of the insights gained in a laboratory experience can be transferred to family and work life. In rare cases, however, a participant may be in trouble and the trainer may have to remove him or her from the group and encourage the participant to seek professional help. As rare as this event occurs in laboratory groups which are conducted by competent trainers, it is even rarer in structured laboratories because the structure itself provides safety. In addition, in laboratory groups an often discounted resource is the willingness of most groups to both help and support a fellow participant who is in distress.

7. Democracy in Training

At this point it can be seen that there is very little democracy (in an ideal sense of complete egalitarianism) in training in terms of participants having equal influence in determining the design and the activities of the laboratory. In many cases, however, when participants reach a point of sufficient competence in a workshop they are given an opportunity to influence or design their own learning experience, e.g., prior-to-workshop need assessment, Free University format, or actually design their own learning experience as in the district consultant second advanced workshop. In most instances, however, the trainers design the workshop experiences without participants being present based on their prior experience and resources. As a matter of fact, in a structured workshop trainers may sometimes be seen as highly autocratic because they are moving the participants through one experience after another without much opportunity for them to have a more peer relationship with staff. The democracy, however, lies in the trainers' set of values about human beings as reflected in the philosophy of laboratory education and not in the methodology (see Sections II-D and III-B, this chapter). The methods are valued primarily because they have impact in facilitating goal achievement.

IV. The TIGER Phenomenon

A. Organizational Culture of the VA Hospital System

It might be useful at this time to look at the organizational culture in which the TIGER program was instituted. Organizational culture describes the patterns for how to do things which result in some order or regularity in the way the organization functions. These elements include attitudes, assumptions, beliefs, existing norms, mores, and conventions. They also include how rules, regulations, and policies are formulated. The culture sets the standards for how people relate to each other, what behaviors are appropriate or inappropriate and what issues or problems are legitimate or not legitimate for discussion, exploration and examination. In order to set up any kind of change program whether it be training or organization development, it is critical to understand the culture of the work setting. To ignore the organizational culture is to create considerable difficulties for oneself and even make it impossible to institute any change program. For example, an organizational norm may be operating which says that the study of interpersonal relationships and effective leadership styles is not a legitimate area of concern in this organization. The legitimate areas which are open for examination are those involving task and productivity. If this norm is operating, any program that deals with interpersonal relations and leadership styles will be met with strong resistance and may even fail. However, a program that deals with task or productivity, if successful, may serve as a vehicle for dealing with broader interpersonal issues later and eventually effect changes in organizational norms.

Many parts of the organizational culture are highly visible, such as organizational structure, job titles and descriptions, formal authority networks, operating policies and practices, and the ways in which productivity is rewarded. On the other hand, there are also many components of the organizational structure which are far less visible but, nonetheless, powerful in affecting employee behavior. These components include: power and influence patterns, work group norms and loyalties, perceptions of trust and risk-taking behaviors, value systems and role perceptions, emotional needs and feelings, patterns of interpersonal group and divisional relationships, and ways in which human resources are identified and rewarded. The informal (sub rosa) organization contains many of the not-so-visible parts of the culture and is used to "get around" (even sabotage) the rules, regulations and policies of the formal (highly visible parts) organization.

A major goal of many change programs which attempt to increase the effectiveness of an organization is to diagnose its own culture and replace outmoded, ineffective ways of doing things and relating to each other with more productive and growth producing norms.

Below is a list of perceptions of some of the forces and norms operating in the organizational culture of the VA Hospital system. These perceptions are a product of the national TIGER staff and may or may not be shared by others. Many of them are common to any large bureaucracy, either governmental or private. As can be seen, the presence of some of them will facilitate the goals of the TIGER program, while some of the others will be inhibitory, or not at all relevant. Paradoxically, some of the forces and norms may have both a facilitative and inhibitory effect on change. For example, individual hospital or regional autonomy may make it very difficult for Central Office to institute change uniformly throughout the system. This same autonomy, however, gives hospital Directors greater freedom to bring about changes within their own institution. In reading through them you may want to modify, delete, or add some, depending upon your own percepetions.

1. Forces in the System Facilitative of Change

   a. There is a large pool of talented and dedicated employees within the system.

   b. The system provides leadership and support for other health care delivery systems.

   c. There is great flexibility in the system regarding hospital services.

   d. There is an opportunity for professional growth and education of staff within the system.

   e. There is an opportunity for, and some tolerance of, deviance within the system.

   f. Within the system there is emotional and job security.

   g. The system is politically sensitive, thus responsive to changes and demands external to itself.

   h. There is financial support for training and education.

i. Within the system there is support for change (key individuals).

j. The system is likely to be responsive to the humanistic movement emerging in this country, particularly as it impacts on the political system.

k. The size of the system and the relative autonomy of the hospitals allow for "pockets" of initiative, creativity, and change.

l. As in many large bureaucracies, procedures for hiring, upward mobility, and discharging are set up to insure fairness and to discourage discrimination.

2. Forces in the System Not Facilitative of Change

a. The system is technically oriented, bureaucratic, and political.

b. Information communicated in the system is often vague and ambiguous.

c. The system is feudal in nature, i.e., individual hospitals have considerable autonomy and tend to view themselves as independent systems. At the same time, however, they look to Central Office for guidance and leadership. This ambivalence tends to foster a counterdependent relationship between the field stations and Central Office.

d. Control in the system operates from the top down. This control is frequently seen as arbitrary regarding individual hospitals and clinics and their needs.

e. The system is paper heavy (i.e., excessive use of forms, etc.).

f. The system is dominated by the medical profession in terms of patient care and, to a large extent, administration itself. The management philosophy of the medical profession is primarily autocratic in nature.

g. The system is highly task oriented, sacrificing maintenance or morale factors for "getting the job done."

h. Patients in the system have "earned" their care and benefits. Treatment is seen as a right.

i. Management in the system operates by crisis. Crises are often precipitated by political pressures to act immediately.

j. There is a general feeling of hopelessness to influence or change the system, and a lack of self-direction of individuals within the system. In fact, there appears to be a norm operating against self-direction by individuals.

k. The system is politically vulnerable, frequently becoming a "whipping boy" for politically vested interests. This vulnerability creates hypersensitivity and defensiveness within the system.

l. The system has a general atmosphere of grimness.

m. Creativity and resourcefulness are stifled in the system by procedures, policies, and a self-protective attitude which results in a lack of risk-taking behavior on the part of both patients and staff.

n. The way to solve people problems is to make structural changes, tighten up policies and procedures, or institute more effective surveillance rather than working through the problems with the people themselves.

o. The system is procedure-oriented, e.g., detailed job descriptions specify acceptable work behavior and procedures.

p. In relation to patients, the system is service-oriented almost to the exclusion of an educational orientation to patients.

q. The "rational" components of the system conflict with personal growth of employees because:

    (1) Work or task specialization requires individuals to use only a few of their abilities.

    (2) The chain of command and leadership hierarchy creates dependency and fosters passivity.

r. Negative reactions even from a very small number of individuals have much more weight than positive feedback from a large number of individuals. The system has low tolerance for negative feedback.

B. Assumptions About the Relationship of Training to Health Care Personnel and Patients

As mentioned previously, the goals of the training program emerged from the nature of the complaints from applicants and patients. The implementation of these goals were facilitated through a number of assumptions made by the TIGER staff about the relevancy and relationship of the training to the interpersonal problems between health care delivery staff and patients, and among the staff members themselves. These assumptions were made in the form of statements and could be translated into hypotheses to be tested. As will be seen, many of the assumptions relate directly to some of the forces facilitative and not facilitative of change which were listed above. Assumptions 11 through 15 below may represent negative aspects of training in health care delivery.

1. Training increases an awareness of interpersonal processes and helps the individual examine the following:
   a. How to communicate with others (patients and staff).
   b. How one's behavior impacts on others (patients and staff).
   c. What helping styles are most helpful.
   d. Developing sensitivity to the needs of others.
   e. Developing sensitivity to interpersonal and group climate and its effect on openness and trust.
   f. How to give information about others (feedback) that is both helpful and useful.
   g. How decisions are made and their effect on commitment and implementation.
2. Better employee relations and organizational climate will enable hospitals to utilize their resources more effectively with patients.
3. A more participative climate among employees will support the idea of involving patients in decisions that affect them and their treatment. It also increases the awareness of the effects of patient needs on employees and patient anxieties and confusion. Tension related to, or created by, hospital climate can detrimentally affect health care delivery.

4. Training opens lines of communication among employees, makes available more health care information, and makes creative problem solving and decision making possible.

5. Training can provide an "educational model" that supplements the "service model" in facilitating preventative health care and more effective and happier life styles.

6. Training contributes to the employees' social needs and needs for belonging.

7. Training provides a mutually consultative model for employees working with patients rather than an authoritative/subordinate model. It also fosters more responsibility from patients for taking part in "participative problem solving."

8. Training can increase employees' awareness of their influence on patients and patients' influence on them.

9. Training transmits the value of taking responsibility for the consequences of one's own behavior, i.e., health related behavior toward patients.

10. Training fosters a problem oriented approach to staff and patient behavior.

11. The effective use of laboratory education goals will increase the quality of treatment but may temporarily decrease the quantity of work output in terms of the number of patients seen.

12. The time involved in training and building of staff relationships takes time away from work (helping patients) and may increase the need for peer relationships to the detriment of staff/patient relations.

13. Training may increase unhappiness because of the increased awareness of negative factors in the system resulting in an increase of dissatisfaction with the system. This dissatisfaction is more likely to occur when employees see themselves as helpless to change the system.

14. Change and disruption in the system may temporarily create uncertainty.

15. Training can be threatening to the status quo and thereby mobilize resistance to change.

C. Relationship of TIGER to Patient Care

The past several decades have seen huge advances in health technology, and many people involved in health care delivery consider themselves health care technologists. Accompanying these advances is an awe and trust in technology to the extent that the person behind the technique becomes less significant in the health care process. This decreasing significance has been reinforced by a clear trend for health care technologists themselves to work primarily with techniques and only secondarily with people. It is important when considering the technologist to understand that he may have a limited appreciation of his own potential importance to the patient and consequent impact on the health care process. In the helping professions, the person rather than his techniques is the critical dimension in how the receiver of help responds. Whenever the technology becomes more important than the people at either end of the process, the perception of people caring for people is lost. With the loss of this perception comes the loss of a primary value in health care: people actually become more invested in caring for machinery than in the persons needing care.

A related phenomenon to advances in technology has been the movement toward increasing specialization within health care. With increasing specialization comes a fractionating of responsibility for the patient. Instead of many people now being responsible for the patient, the frequent result is that no one is responsible. While technology and specialization have brought many benefits to us they have also created the impersonal quality and insensitivity that characterize much of modern health care. The question may be asked, "What is wrong with an impersonal health care as long as it is efficient?" Note that even with all the advances there is increasing dissatisfaction with health care delivery, more malpractice suits, and a nostalgia for the old-time bedside manner.

Recently, the Menninger Clinic held a symposium on "A Caring Society" during which Dr. Margaret Mead and Dr. Roy Menninger made an appearance on the Today Show (November 13, 1975). Their conclusions were that no one assumes responsibility for "caring" for others, but passes the buck to schools, government, and other institutions. Most people are too busy achieving and taking care of themselves and will assign people to institutions to be "cared for." Most health care delivery institutions, however, may "care for" people, but demonstrate very little "caring about," or personal concern for, their patients.

In addition, care without concern and caring is not as therapeutic as care with concern and caring. For example, the experienced psychotherapist knows that there is little to be gained by working with a patient whom he doesn't like, or whom the patient perceives as indifferent or not caring. The same is also true in general medicine. The relationship between patient and health care worker cannot be legislated, but without the perception of people caring for people there is little opportunity for this experience between people to occur. (The highly competent and sensitive surgeon knows that patients' trust in him, and their attitude toward the operation is related to their perception of him as "caring" and, in the long run, affects the outcome of the surgery.) The experience of liking and caring for the patient can be the most rewarding experience available to the worker as well as therapeutic to the patient. The nature of this experience is personal, however, and does not occur easily within an impersonal atmosphere. The "spontaneous" remission of long-term hospitalized psychiatric patients, previously a mystery to the treatment team, is now thought by some to be a consequence of a personal and caring relationship between the patient and some ever-present ward staff member. Thus the focus on technology and specialization can rob both the patient and health care worker of a richer and healthier experience.

There is some evidence today that the period of neglect of the interpersonal aspect of health care is decreasing and that the pendulum is beginning to swing the other way. One piece of evidence of such a change in direction is the creation of the TIGER project as a response to this neglect.

The Chief Medical Director's Special Task Force on Admission Service, 1972, stated its problem as follows:

"Simply stated, veterans seeking admission to Veterans Administration Hospitals for medical care and treatment are not accorded the courteous service with the attendant promptness and efficiency due them. (P. 1)

"Recommendation No. 6

Psychology Service, Central Office, be assigned responsibility to develop an attitudinal training program for administrative, medical, resident, and allied health staff who deal with the public. This program to include orientation and continuing inservice education. (P. 28-29)

"Recommendation No. 7

Hospital Directors assign responsibility to an appropriate service for implementation and maintenance of the attitudinal training program." (P. 29)

The term "attitudinal" was dropped in favor of "effectiveness," to promote a more positive and less judgmental approach to a training program. From the beginning, therefore, the ultimate concern of the TIGER program has been to improve the care of patients through improved employee effectiveness in communicating and relating to patients and to each other. The evaluation of TIGER up to this point has been geared to assess employee changes as a result of TIGER training. The results of the national evaluation are supportive of the contention that TIGER can be effective in this regard (Appendix C). There are some critical questions, however, for which there are no hard data. Is TIGER always effective? If not, when isn't it? Does improved employee effectiveness and morale result in improved care for patients? Evidence from industry generally indicates that over the long run, high employee morale is related to high productivity. There is little evidence to the contrary. The relationship between high employee morale and improved patient care in the VA Hospital system has not yet been studied by any current research. The difficulties of this kind of research on a hospital-wide basis are obvious. It was not a charge given to the TIGER staff.

In a more circumscribed area, however, such as spinal cord units where daily contacts between staff and patients are continuous and readily observable, effect of staff morale and effectiveness on patient care can be feasibly studied. Such a study was initiated between Spinal Cord Injury Services and the TIGER staff but not funded.

D. Unusual Aspects of TIGER

Impressions gathered from interview data collected from the research hospitals, from reports of hospital trainers and from our own observations suggest that the TIGER program is an unusual phenomenon in several ways:

1. It is an employees' program conducted by employees.

2. The TIGER staffs, both at the local and regional levels, are not restricted to employees in the behavioral sciences, but represent a broad spectrum of disciplines and occupations.

3. Employees have responded strongly and positively and have actively supported the program even in the face of supervisory resistance.

4. Through an increase in interpersonal skills and contact with other employees, the employees' view of the hospital and its health care mission has been expanded.

5. Through more intensive interactions with other hospital employees, many of whom had had only minimal and impersonal contacts prior to TIGER, a spirit of "community" and an atmosphere of "aliveness" has been created.

6. Interpersonal processes become more evident as a topic of discussion and interest among employees.

7. The program represents an example of decentralized or grass roots control of a high priority national program, i.e., guidance and training efforts directed from Houston and through the TIGER training network to the total system.

E. Impact of TIGER on the VA Hospital System

The TIGER staff, in looking back over the past two and one-half years, summarized what they perceived as the program's impact on the VA Hospital system. The following statements, while impressionistic, are based upon hospital visits and interviews, phone calls and mail from trainers at field stations around the country, information coming into Central Office, and what participants tell us while attending the national and regional workshops.

1. Through involvement of people in TIGER, there has been an increase of "charge" in the system. This includes hope, anxiety, confusion, and ambiguity as to the role and effectiveness of TIGER training, and expectation that change can occur.

2. There are also areas of strong resistance and noninvolvement, particularly on the part of some physicians and administrators, created by TIGER program efforts.

3. There has been an increasing awareness of the importance of interpersonal skills of employees on health care delivery.

4. The program has created an acceptance of laboratory education as a viable vehicle for this kind of training and change efforts as well as some resistance to experiential methods.

5. There is a greater appreciation of the quality and dedication of VA employees in the system.

6. The "life" and excitement of employees in health care delivery has been elevated.

7. There has been an expansion of the professional role for people and hospitals involved in training, i.e., employees utilizing skills not typically associated with their occupational role.

8. There has been a greater interchange among hospitals, a network of relationships established across the system, and the spirit of teamwork created within the system.

9. The program has released and fostered the spirit of spontaneity and creativity.

10. The program has created an atmosphere of threat (for some) to the status quo; strong reactions, both pro and con, have been evoked.

11. The program has created a measure of independence and counter-dependence among some trainers, as well as much interdependence.

12. The program has created a larger work load and a role conflict for some trainers and, as a consequence, a reordering of work priorities.

13. The program has created new demands on the performance of trainers requiring new skills which have produced a differential growth among trainers, i.e., some trainers responded enthusiastically to the challenge while others withdrew.

14. The TIGER program has become a projection for various hopes and fears (note the scapegoat potential of the program in the system).

15. A spirit of "community" has been created in hospitals where a fair number of personnel have been trained.

V. Directions for the Future

A. A Consultation Model

The primary training model, in the past, for implementing national TIGER goals has been experiential learning workshops. These workshops ranged from training in basic communication, leadership, and interpersonal skills to advanced training in consultation skills.

Within advanced workshops, an increasing amount of time was spent on diagnosis, intervention, and evaluation of group issues and consultation with other client systems brought in from the community. The goals of these workshops were oriented toward training for the future, when hospital trainers would be called upon to conduct special skills workshops and to provide consultation services to hospital administration and to work and treatment units. Indeed, consultation services for team building and special skills workshops were already being requested from many TIGER trainers within their own hospitals. Thus, a network of trainer/consultant capability was produced which is available not only to individual hospitals but to the VA system as a whole, and can be called upon to provide services wherever appropriate, e.g., process observers and consultants to national or regional meetings (most recent being the December, 1976 Dallas workshop on violent and suicidal patients).

Using this consultation model, one or several hospitals within an area might desire a particular kind of diagnostic orientation or training event and request the services of a district consultant or a member of the national training staff or both to consult and/or conduct the workshop at their hospital. The requesting agency would sponsor the visiting consultant(s) by providing the travel and per diem funds. The request for the consultant would be made through the Directors of the respective hospitals. Many hospitals have already availed themselves of these services (See Section III-A, this chapter), the latest being the VA hospitals at Louisville, Kentucky, Hines, Illinois, Kansas City, Missouri, and San Juan, Puerto Rico.

B. Regional Medical Education Centers

Another vehicle through which continued training and education can occur is the Regional Medical Education Centers (RMEC). Regional trainers and consultants can offer programs through their local centers by applying to the RMEC Directors. To date, workshops on Death and Dying (Salt Lake City, Utah), Team Building and Intergroup Relations (St. Louis, Missouri), and Team Building and Long-Term Patient Care (St. Louis, Missouri) have been conducted by TIGER consultants at those RMEC locations.

C. Teaching Workshops

To provide an ongoing vehicle for TIGER trainers and consultants and for other interested VA personnel, teaching workshops have recently been instituted by the national TIGER training staff at Houston and the Mental Health and Behavioral Science Service (Central Office) to be conducted periodically each year. These workshops contain several modules focusing on the application of experiential learning to patient care. A teaching workshop was held May 1975 in Houston and attended by some 50 participants representing 33 hospitals. A second teaching workshop in Houston is scheduled for March 1977. To attend these workshops, individual hospitals are responsible for funding their own applicants. For both economical reasons and to ensure greater geographic coverage, it would be more feasible to conduct these workshops in different areas of the country with local directors assuming responsibility for funding the consulting/training staff. This model entails enlisting medical district directors' commitment to support these activities while, at the same time, minimizing travel expenses for hospitals within those areas.

D. Organizational Effectiveness is Not a One-Shot-Event

The VA health care delivery system is an organization made up of people providing services to people. Any effective program dealing with interpersonal relationships and communication, developing or improving the effectiveness of work units and treatment teams, and managing conflict and change cannot be accomplished by one or two workshops. A one-shot approach can often do damage to an organization by stirring up things without providing a means of resolving problems and conflict. In addition, people develop expectations about improving their work situation and are demoralized when no follow-up or continuing training occurs. A consequence of one-shot events is that personnel are far less likely to develop any enthusiasm or commitment the "next time around." Furthermore, to fulfill an obligation to top management by giving a program a "lick and a promise" demonstrates a lack of commitment on management's part which is quickly perceived by the rest of the organization. An effective team, whether it be a work or treatment unit or a football team, needs: a) continuous ongoing diagnoses, b) planning for and implementing changes based on these diagnoses, c) evaluation of the changes and d) modifications of the program indicated by the evaluation. Once complete, the cycle begins again. The same principle holds for relationships and working with people. Relationships are dynamic and the people involved in them may have difficulty in effectively accommodating to the demands that each situation makes of them. To assume that a one-shot event is going to resolve these kinds of issues once-and-for-all is extremely naive . Like a marriage, working effectively with other people, whether they be patients or staff, is a lifetime process of learning, changing, practicing, and evaluating.

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CHAPTER TWO

BASIC TRAINING-OF-TRAINERS (TOT) WORKSHOP

I. Introduction

The national TIGER staff became fully constituted as a team in July, 1973, shortly before the first TOT workshop and after completion of the training workshops for the 12 test hospitals. Five basic workshops were scheduled through August, September, and October, the first of which was held in Houston, August 12-17, 1973. The others were held in San Francisco, Boston, Atlanta and Chicago, drawing upon participants from those areas. During the year 1974, two more basic TOT workshops were held, one in Shrevesport, Louisiana and one in Houston. Over 280 VA employees were involved in these basic workshops.

II. Learning Goals and Population

A. Description of Population

Potential trainers from the hospital system were designated by the hospital directors to attend the workshops and to implement the training in their home stations. While some guidelines for selection of trainers were provided by Central Office, it soon became evident that these guidelines were not adhered to in many cases. It was also stressed that the training not be associated with any particular service so as to provide as broad a base as possible for the TIGER program. As a consequence, the following characteristics emerged:

1. There was a diversity of relevant talents and motives represented by the trainer population. A few had some extensive experiential training prior to TIGER and the rest had little or no prior training.

2. Attitudes toward their new role assignments ranged from high enthusiasm to strong resistance. Their perceptions of hospital support for implementing the training program also varied from high to no support.

3. The backgrounds of the participants were heterogeneous; about 50% were psychologists while the rest came principally from nursing, social work, personnel, chaplaincy, and psychiatry.

B. General Goals

It was essential to develop a TOT program that would reach the heterogeneity of backgrounds and levels of sophistication described above. We combined new training material with a basic skills approach and an introduction to the laboratory method. It was also essential to build a "community" atmosphere among the participants, with feelings of cohesion and satisfaction in order to facilitate their identity as the future network of trainers.

In view of the relative inexperience of the prospective trainers, it was important to include elements in the workshops which they could use back at their stations. This small repertoire would allow them to implement programs more rapidly while gaining experience and developing skills which would enable them to create their own designs tailored to the needs of their respective hospitals. We were concerned that their inexperience might lead some trainers to choose a prepackaged approach instead of developing their own competencies.

The following general goals developed from our early planning:

1. A commitment to experiential here-and-now laboratory education, supplemented by relevant theory presentations and readings.
2. Training a large group of trainers with minimal prior training exposure by providing a repertoire of relevant and usable training skills and exercises.
3. Begin to form a cohesive system-wide network of trainers.
4. Encourage self-development of diagnostic, design, and implementation skills.

C. Workshop Goals

The survey of needs taken from several hospitals were translated into learning goals covering several areas described below. In each case, the skill area, the learning goals and the vehicle for implementing the goals will be spelled out for purposes of clarity. The exercises listed under "vehicle" are not all inclusive, but are illustrative of those used in the basic workshops. It is also important to keep in mind that one vehicle may implement more than one goals, e.g., "What Hospital Workers Want."

1. Skill Area I: Communication

   a. Learning Goals

      (1) Problems of sending and receiving messages in face-to-face communication between staff and patients and between staff at all levels.

      (2) Practicing skills in communication.

      (3) Demonstrating the interdependence of both participators in effective communication.

      (4) Examining the process of giving and asking for information about one's interpersonal or leadership style and how to do this more effectively.

   b. Vehicle

      Theory presentation, demonstration, group discussion, data feedback and practice.

      Exercises: Paraphrasing, One-Way -- Two-Way Communication, Models of Communication, Feedback Sessions.

2. Skill Area II: Group Dynamics, Diagnostic and Process Skills

   a. Learning Goals

      (1) Developing an awareness and sensitivity to how groups work and the dimensions of group behavior that facilitate or block effective team work.

      (2) Learning to give feedback to a group using group level dimensions.

   b. Vehicle

      Theory presentation, demonstration and practice

      Exercises: Group-on-Group Observation and Feedback, What to Look for in Groups.

3. Skill Area III: Consultation and Helping Relationships

a. Learning Goals

(1) Examining the effects of different styles of consulting and helping.

(2) Sensitizing the consultant to the process of consultation which may involve helping the client to explore and clarify the dimensions of his problem, gather pertinent information, diagnose his situation and plan some action steps to deal with the problem.

(3) Looking at the consultant's role in terms of his own values and needs in the consulting relationship and how these influence his effectiveness.

b. Vehicle

Role-play with real current problems, theory session, and discussion.

Exercises: Interviewing Difficult Patients, Helping Relations (Styles of Helping).

4. Skill Area IV: Understanding and Utilizing Power

a. Learning Goals

(1) Examining the effects of different distributions of power (leadership styles) on satisfaction, feelings of responsibility, teamness, adequacy of superior/subordinate and quality of product.

(2) Looking at effective and ineffective uses of power.

b. Vehicle

Role-play and data feedback and general discussion.

Exercises: Power Spectrum

5. Skill Area V: Decision-Making (also motivation and utilizing team resources)

a. Learning Goals

(1) Looking at styles of group decision-making procedures and the effect of these decisions

upon the quality of the product and commitment (individual vs. group) to the decision.

(2) Identifying and maximizing group resources.

(3) Understanding motivation of employees.

b. Vehicle

Small group decision-making task, theory session, and general discussion.

Exercises: What Hospital Workers Want

6. Skill Area VI: Designing for Learning

a. Learning Goals

(1) Diagnosing how a group or team is functioning from observations and interviews and identifying issues or problem areas.

(2) Designing an intervention (exercise) relevant to the issue or problem identified.

(3) Implementing an intervention and evaluating it.

b. Vehicle

Groups paired in consultant/client relationship and practice sequence of observation-diagnosis-design-implementation-feedback-evaluation.

Exercise: Diagnosis-Intervention-Feedback (D.I.F.)

7. Skill Area VII: Back-Home Project Planning

a. Learning Goals

(1) Applying workshop learnings to back-home situation.

(2) Diagnosing back-home situation and designing an intervention around one problem area.

b. Vehicle

(1) Project Planning within small work group.

(2) Share back-home projects with others and get feedback.

(3) Staff and other work groups used as consultants.

Exercise: Project Planning

8. Skill Area VIII: Assessing and Providing for Participant Needs

a. Learning Goals

(1) Diagnosing and formulating own learning needs.

(2) How to design a need assessment session.

b. Vehicle

(1) D-Groups assess and collate individual needs.

(2) Staff and D-Group representatives collate needs for entire group and identify resources to meet need areas.

Exercise: Free University

9. Skill Area IX: Examining Leadership Styles

a. Learning Goals

(1) Learning how one's own leadership style is perceived by others.

(2) Learning how self-perception of leadership style compares with the perception of others.

(3) Conceptualizing leadership styles and their effectiveness.

(4) Philosophies of management, values of participation and democratic team functioning.

b. Vehicle

Personal feedback and discussion using a leadership instrument, "Dimensions of Managerial Behavior" (DOMB) and theory presentation.

Exercise: Styles of Influence

10. Skill Area X: Giving and Receiving Feedback

a. Learning Goals

(1) Learning how to give and receive effective feedback.

(2) Learning about one's own feedback style along dimensions of openness and closedness.

b. Vehicle

Theory input and practice.

Exercise: Jo Hari Window, Practice sessions in D-Groups, Dimensions of Managerial Behavior Feedback.

11. Skill Area XI: Developing Effective Trainer Roles

a. Learning Goals

(1) To explore the trainer's own values, ethics, and the way they influence or relate to others.

(2) To look at the different dimensions of the trainer's role as it relates to the role of hospital trainer and how each trainer will enlist support in implementing the TIGER program.

b. Vehicle

Theory presentation, discussion and sharing.

Exercise: General session sharing

In order to implement these training goals optimally, a one-or two-month training program with several phases involving back-home practice time would have been ideal. In addition, teams of two or more trainers from each hospital rather than one trainer would have provided the needed mutual support and sharing to facilitate implementing TIGER efforts back home. Unfortunately, neither of these proved practical or possible, given budgetary constraints and systemic pressures to provide training immediately to one employee from each VA Hospital.

III. Design Schedule of Basic TOT

A. General Considerations

The overall design of the basic workshops remained the same but elements were modified, added, dropped, or changed in sequence as a consequence of both staff and participant evaluation and depending upon which staff sub-team was planning and conducting the particular workshop. A decision was made by the TIGER staff to use self-directed Development-groups (D-Groups), for several reasons: (a) encourages participants to rely on and utilize their own resources and the learnings from the structured sessions in developing their group into an effective learning unit; (b) without a trainer present, group members assume more ownership for their group's development and less dependency on staff. For a more detailed discussion of the nature and rationale of D-Groups, see Appendix I-a. Prior to the first Houston workshop an activity flow model was developed sequencing the various workshop components in a logical progression. This model appears below.

WORKSHOP ACTIVITY FLOW

Introduction: Nature of Project, philosophy of laboratory, back-home transfer later in week, experiential emphasis, laboratory logistics, goals, schedule, staff (who we are), and D-Groups →

Experiential Microlab: Motivation of participants (why I'm here? What's in it for me?), here-and-now focus, nonverbals, what's your bag? Double focus - observation here and back-home and what they can use in hospitals →

Communication in Group and Interpersonal Process: Listening and paraphrasing, "helpful handles," one-way vs. two-way communication, group models for communication, helping-consulting-power styles →

Back-home Project Planning: Change models, research and development action-planning model, evaluation research, and ethics of intervention →

Structured Feedback: Dimensions of Managerial Behavior (DOMB), peer ratings for district consultant selection, and workshop evaluation.

The actual schedule of activities will be presented with instructions, description of the activity, rationale or purpose, theory material and evaluation by participants. Much of the lengthier material will be referenced in the schedule and described in the appendices so as to provide a smoother flowing schedule. Evaluations are based on the five workshops except where noted. When looking at the evaluations one needs to keep in mind that a low rating is not necessarily an indication that the element should be dropped. The element may be necessary for subsequent learning or as background for other elements. Soliciting comments on an element in an evaluation may suggest ways to increase its potency (perceived relevance and satisfaction).

B. Basic Training-of-Trainers Workshop Schedule

MONDAY

8:30-9:00 Introduction to workshop

1. Announcements, logistics, schedule
2. History and description of project
    a. Network of trainers
    b. District trainer/consultants
    c. Future perspectives
3. Experiential vs. traditional methods of education.
4. Trainer as the critical agent of change rather than a repertory of techniques.
5. Back-home transfer of tools and concepts.
6. D-Groups as primary learning unit (See Appendix I-a).
7. Overview of workshop.

9:00-9:05 Alone time (see alternate, Microlab #1-appendix I-b)

Participants were asked to think about the following three areas in preparation to sharing in their D-Groups.

1. Why am I here?
2. What's in it for me?
3. What's expected of me - here at the workshop? At the hospital?

9:05 9:25 D-Groups in general session

This meeting represents the first meeting of the D-Group.

Participants were asked to share their alone time thoughts and feelings. We have found that many participants have come to the workshop not really knowing why they are here or what to expect. Sharing around these issues tends to break the ice and reduce apprehension.

9:30-10:00 D-Groups in General Session

Task: Interview trainers. The staff announced that they would rotate through the D-groups to give each group an opportunity to get to know each trainer by interviewing him. Each trainer would spend 7 to 8 minutes with each group. The trainers also announced that they would each have a "feedbag" into which participants could drop "feedback notes" throughout the workshop. We stated our preference, however, for face-to-face feedback.

Purpose: The purpose for the interviews is to establish some personal contact with each group. When using D-Groups there is much less opportunity for participants to know trainers on a personal level as there would be when using T-Groups. It has been our experience that participants want this personal contact. The purpose of the "feedbag" was to encourage participants to express their reactions to staff members in some way if the need arose rather than to keep their reactions to themselves or to unload on other participants. The trainer feedbags also provided a source of learning for staff. We realized that some participants would confront us directly and others would carry their feelings around, building up a head of steam that might interfere with their learning. As a supportive climate for feedback increased, however, the "feedbags", as a way of giving feedback, would no longer be necessary.

10:00-10:15 Coffee

10:15-10:45 D-Groups in general session

Theory presentation: Resistance to change (Appendix I-c-1; see I-c-2 for model for analyzing resistance).

1. Change is chronic, involves conflict, requires adjustment to process of change.

2. Legitimize resistance here and surface it for examination.

3. Norms - identify, surface, and examine resistance, back-home, here-and-now.

Task: Explore

1. Personal resistance to change.

2. Personal resistance to this workshop.

3. How to handle your personal resistance.

    Effectively → Learn

    Ineffectively → Not learn

4. How can you help others to react to change in an effective way in your D-Group and in your hospital?

Purpose: The exercise allows participants to explore their own personal resistance to change and ways in which they perceive themselves acting out this resistance. They then can focus on resistance to change in their own hospital and, finally, to this workshop.

10:45-12:00 Communication Skills: Introduction

Overview: The rest of today and tomorrow morning will be spent in looking at various aspects of the communication process. The purpose here is to alert participants to the process rather than the content of communication which will be highlighted repeatedly throughout the workshop. The communication module represents the basic building block for understanding interpersonal, small groups and organizational dynamics. (See Appendix I-d.)

Communication Microlab

D-Groups are instructed to create a space for themselves in their section of the room and to remove chairs. During the microlab they will work with members of their own D-Group in pairs or trios.

Purpose: The purpose of the microlab is to allow participants to experience different modes of communicating which are not usually experienced (or avoided) or utilized in every-day life. The microlab also facilitates movement and involvement.

1. Nonverbal greeting: D-Group creates a moving chain which doubles back on itself. Each member is given an opportunity to greet every other member face-to-face, maintaining eye contact and allowing themselves to experience whatever comes up for them. Authenticity is stressed and observing one's own and other's reactions.

2. Gestalt-derived exercise in which dyads spend two minutes in each of the following communication modes.

    a. Sitting back-to-back, not talking or touching but "getting" impressions of what the other person is like and your reactions to him/her.

    b. Facing one another, not talking or touching, just "being with" your partner communicating by looking.

c. Nonverbal communication involving looking and touching.

d. Add verbal (talking) communication to the above. Notice any shifts in feelings and reactions.

e. Share personal experiences and reactions to each of the communication modalities.

12:00-12:30 D-Group

Task: Introduce your partner with a statement that best describes him/her as a person based upon your experience of him/her during your dyads.

Evaluation of communication microlab:

The evaluation is based upon data from all five workshops using a 3-point scale to compute the means (3=high, 2=medium, 1=low).

Communication Microlab

(N = 188)

		Frequency of Ratings		
	Mean	Hi	Med	Low
Satisfaction	2.5	105	64	19
Applicability	2.4	98	50	31

12:30-1:30 Lunch

2:00-3:00 Communication Skill Exercise: Listening and Paraphrasing

Purpose: The purposes of the exercise are: (a) to acquaint participants with the general topic of listening in the communication process; (b) to practice listening in group discussion; (c) to engage participants in a feedback process designed to evaluate their listening skills; and (d) to evaluate the importance of listening in resolving communication problems.

5" Topic: What can I get out of my D-Group and how?

Ground Rule: Before each person continues the discussion he must restate (or paraphrase), in his own words, what the person before him has said to that person's satisfaction. Paraphrase both content and feelings.

35" In D-Group discuss problems and practice paraphrasing. Summarize points to report in general session.

Other ground rules: Provide each group with a stick (3 ft. long). The first speaker picks up the stick and holds it out while talking. Whoever follows must grab the other end of the stick and paraphrase what the first speaker has said. When the first speaker is satisfied, he lets go of the stick. Whoever speaks next or responds must grab the other end of the stick and repeat the process. The stick represents a communication bridge and clearly indicates who has the floor, who is paraphrasing, and between whom the interaction is taking place. The speaker can give the paraphraser a rating of 1 to 3 representing the extent to which he is successful in paraphrasing.

1 = exactly right; 2 = good, but not perfect; 3 = missed, try again. All ground rules can be used during the same exercise.

20" Discuss the learnings from the exercise and list them on newsprint in general session. Use format below:

What helped or hindered good listening and understanding:

	What Helped	What Hindered
In the speaker?		
In the listener?		

There are two ways in which the exercise has been conducted:

1. The D-Groups get the topic on ground rules at the beginning and then proceed to discuss the topic following the ground rules for 35 minutes. The trainers should circulate among the groups, listening, to make sure the ground rules are understood and are being followed. At the end of the 35 minutes the trainer stops the action and asks the groups to tell him what helped or hindered communication in the speaker and in the listener. He lists these items on newsprint under the appropriate titles.

2. The D-Groups get the topic and are told to begin the discussion without any ground rules. After 10 minutes the action is stopped and they are presented the ground rule and asked to continue the discussion. After 15 minutes they are told to continue again without the ground rules. This design allows participants to make comparisons and also to see if the ground rules had any effect on their discussion after they were dropped. The exercise can be used with a wide variety of content-discussion topics. The topic chosen should have relevance and "charge" for the participants (the potential for evoking feelings). Topics can range from here-and-now issues in the group (if this is not too threatening at an early stage in the workshop) to highly relevant back-home topics like "Can TIGER work at my hospital?"

Evaluation of Listening and Paraphrasing:

The evaluation is based on all five workshops using a 3-point scale to compute the mean (3=high, 2=medium, 1=low). There is no way to tell, however, which particular modification of the design was used from workshop to workshop.

Listening and Paraphrasing
(N = 188)

	Mean	Frequency of Ratings Hi	Med	Lo
Satisfaction	2.3	81	78	29
Applicability	2.4	103	56	23

3:00-3:15 Coffee

3:15-4:15 Communication Skill Exercise: One-Way vs. Two-Way Communication (see Appendix I-e for instructions and theory material)

Purpose: The goals of this exercise are: (a) to help participants identify problems of sending and receiving information; (b) to demonstrate the interdependence of sender and receiver; (c) to look at the advantages and disadvantages of one style as opposed to the other; and (d) in what situations is one or the other style appropriate or necessary.

Evaluation of One-Way vs. Two-Way Communication:

The evaluation data are based on all five workshops. A 3-point scale was used to compute the means, (3=high, 2=medium, 1=low).

One-Way vs. Two-Way Communication
(N = 188)

	Mean	Frequency of Ratings Hi	Med	Low
Satisfaction	2.4	109	50	29
Applicability	2.5	117	45	20

4:15-5:30 D-Groups

Task: Pass out Dimensions of Managerial Behavior (DOMB) and have participants rate themselves. The Problem Identification Form (PIF-1) is also passed out for use on Thursday. The problem they are to analyze on the form is "setting up a training program at my hospital." (Appendix I-f.)

5:30 Dinner and free evening.

TUESDAY

8:30-10:00 Communication Skills Exercise: Models of Communication

Purpose: The purpose of this exercise is to experience how norms in communication are shared and reinforced within a group or organization. Even though the norms involved may create a model of communication which is ineffective, it is difficult within that system to see the ineffectiveness. The models presented were intended to be caricatures of models found within most organizations, including the VA. Three of the styles presented are ineffective and seldom confronted when they are used. Some of the questions that participants may explore are: "How do I feel when I am on the receiving end of one of these styles?" "What do I do about it?"

20" 1. Each D-Group gets a description of one model of communication: indirect and double message, mystical, status oriented, and open. They are told to discuss the model thoroughly to familiarize themselves with it. (Appendix I-g models.)

10" 2. Each D-Group selects two members to meet with two members from each of the other D-Groups. Before this occurs they are briefed on how to role play the model. D-Groups do now know what other models are being assigned to and studied by the other D-Groups.

20"-25" 3. The two representatives from each group form an 8-person group in the center of the room surrounded by the D-Groups. They are given a topic, relevant to TIGER issues, to discuss. Pairs act out models assigned to their group without revealing what style of communication they are role-playing. Observing groups are asked to take notes.

30" 4. Process interactions in general session and look at the effect of the different models on the communication process. How did people respond to or handle each style? What were their feelings and did they reveal any of these during the interactions? Try to identify the other models.

Evaluation of Models of Communication:

The evaluation is based on all five work shops using a 3-point scale to compute the mean (3=high, 2=medium, 1=low).

Models of Communication
(N=182)

		Frequency of Ratings		
	Mean	Hi	Med	Low
Satisfaction	2.5	105	58	19
Applicability	2.5	98	70	14

10:00-10:15 Coffee

10:15-11:30 D-Groups (unstructured)

Group Observation Skills (11:30 - 2:30)

Purpose: The purposes of this exercise are multifaceted:

1. To develop an awareness of how groups work and sensitivity to the dimensions of group behavior which facilitate or block effective team work. This is in contrast to what groups work on.

2. To give participants an opportunity to learn

and practice giving and receiving feedback on a group level.

3. To prepare participants to assume a participant-observer orientation within their own D-Groups.

4. To prepare the D-Groups for later work in observing and designing an intervention for another D-Group.

5. To build internal group cohesion which usually results when groups feel they are being "evaluated" by another group. The competitive feelings that arise can be processed in terms of win/lose vs. win/win interactions.

11:30-12:00 Theory Presentation: What to Look for in Groups. The observation guide, "What to Look for In Groups", is passed out. The lecture covers the group dimensions in a general way, giving examples. After the lecturette, group participants are assigned sections of the observation guide. Each participant has a group roster number which is used in assigning the observation sections. For example, the number 1's in each group take "participation," the number 2's take "influence," etc. Trainers may also wait and assign sections to the observing group when the groups are paired and ready to begin work.

12:00-1:00 Lunch

1:00-2:30 Group Observation Schedule

1. Two pairs of groups work separately in different rooms. Rooms are assigned in general session.

2. The group being oserved (working group) sits in a circle, the observing group sits around them.

3. The observation schedule is put on newsprint.

Group Observations

20" Group A (C) observes B (D)

10" Group A (C) gives feedback to B (D)

5" Group B (D) responds to A (C)

20" Group B (D) observes A (C)

10" Group B (D) gives feedback to A (C)

5" Group A (C) responds to B (D)

What to look for in Groups (Appendix I-h-1)

4. A topic is assigned to the working group: "In reorganizing the VA Hospital system, what is the most important thing you would want to change?" The group is encouraged to come to some agreement on this topic. For the second group the topic was, "In reorganizing the VA Hospital system, what is the most important thing you would keep?" Other topics or tasks can be given which have the potential for being relevant and creating interest. The "Scott Hospital" is a task in which individuals rank five choices on one or two problems from best choice (1) to worst choice (5). Each pair of groups is assigned a different problem. The task then for the working group is to reach agreement on their rankings (See Appendix I-h-2 for Scott Hospital).

5. At the end of 20 minutes the discussion is stopped whether or not group agreement has been reached. At this time the observers feed in their observations, stating first what process area they were observing. During this time the working group does not respond, but can take notes.

6. After the feedback is completed the working group can respond and get clarification.

At this time defensive reactions frequently occur to the feedback like "Our group is usually not this way," "You people are wrong, you really don't know how we are," etc. It is important to emphasize that, for whatever reasons, for 20 minutes of group interaction the observing group saw what they saw. Rather than reject the feedback, it would be more useful to accept it, examine it in terms of your own group history, and then if it doesn't fit, reject it.

7. Reverse the groups and repeat the procedure. If the schedule allows, give the groups a coffee break before reversing groups.

8. During the exercise the trainer keeps the time and can add his or her own observations at the end of each group's feedback process.

Evaluation of the Group Observation Exercise:

The evaluation is based on all five workshops using a 3-point scale to compute the mean (3=high, 2=medium, 1=low).

Group Observation Exercise
(N=188)

		Frequency of Ratings		
	Mean	Hi	Med	Low
Satisfaction	2.5	107	66	15
Applicability	2.4	97	62	24

2:30-3:00 D-Group

3:00-3:15 Coffee

3:15-4:15 General Session: Interview Skills and Helping Relations

Purpose: The purpose of this exercise is to sensitize people to the processes in interviewing that facilitate or inhibit communication. In addition, participants have an opportunity to observe the impact of their own style of interviewing and how it affects the behavior of others. The participants also have an opportunity to practice interviewing the kinds of patients with whom they have considerable difficulty.

Role Playing Sequence

1. Participants are asked to list the kinds of patients that they find most difficult to interview. This list is accumulated on newsprint by the trainer.

2. Each D-Group is divided into quartets. Each member of a quartet selects one of four roles: patient, interviewer, and two process observers. All the patients meet together in the Admitting Office for a short time to decide upon which kind of patient they will role play and to receive briefing from the other patients. They then remain in the Admitting Office waiting to be picked up by their interviewer.

3. The interviewers also meet together to discuss their role. They are told where the patients will be located but not told when to pick them up. The decision when to pick up the patients is left to the interviewer, i.e., whenever the interviewer is ready. Thus, some patients might have to wait a long time.

4. The process observers are given an Observers Guide (Appendix I-i-1). Their task is to observe the interview and to make notes of their observations. The briefing process takes about 20 minutes.

5. The interviewer and the process observers then meet again to begin the role playing sequence. The interview takes approximately 10-15 minutes, at the end of which time the observers spend another 15 minutes feeding in their observations and discussing the interview with the role players.

6. The quartets can repeat the role playing sequence by rotating roles, i.e., an observer can play an interviewer. In order to provide each quartet with some variety in terms of the patient roles, the participants playing the patients can rotate to a new quartet. This allows each quartet to observe a completely different patient. The quartets then reconvene in the General Session and share some of their experiences.

Time	Activity
10"	Introduction and listing of "difficult" patients.
5"	Quartets - assign roles: one patient, one interviewer, two observers.
20"	Like-roles meet together to brief selves on roles, and observers study observation guide.
10"	Interviewers pick up patients and begin interviews. Observers take notes.
15"	Process interview.

4:15-5:00 Theory presentation: Helping Relations (Appendix I-i-2 Helping Relations Theory)

Evaluation of Interview Skills

The evaluation is based on four workshops using a 3-point scale for the mean (3=high, 2-medium, 1=low).

Interview Skills Exercise

(N=151)

		Frequency of Ratings		
	Mean	Hi	Med	Lo
Satisfaction	2.4	74	57	20
Applicability	2.5	81	53	12

71

(For an accompanying or alternate exercise see Helping Relations, Appendix I-i-3.)

5:00-7:00 Dinner

7:00-9:00 The Power Spectrum Exercise

The design of this exercise has been used in a variety of situations in which the content of the items for discussion are varied according to the setting. The design and work-oriented content was developed by Blake and Mouton* some years ago while he was at the University of Texas in Austin. This content material deals with a work situation in which the "actors" are supervisor and subordinate. We have used this design with patients and nurses in which the roles were husband and wife and the items lists dealt with "rearing children," "harmonious family relations," and "budgeting." We have also used a university setting format in which the roles were students and faculty.

Purpose: The goals of the present exercise include:

1. Allowing participants to examine differential distributions of power in terms of leadership styles (supervisor/subordinate) and the consequences of these styles on satisfaction, teamness, responsibility, and feelings. These supervisory styles can also be translated into influence or helping styles in terms of staff/patient relationships.
2. Introducing participants to different management philosophies: Autocratic, Democratic and Laissez Faire, and how they apply to the VA.
3. Giving participants an opportunity to compare their own leadership style and how they use or don't use power.

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*Robert R. Blake & Jane S. Mouton, Scientific Methods, Inc., Box 195, Austin, TX 78767.

Blake, R.R., & Mouton, J.S. Group Dynamics, Houston: Gulf Publishing Company, 1961, Pp. 27-38.
Blake, R. R., & Mouton, J. S. Power, people, and performance reviews. *Advanced Management*, 1961, 10(4), Pp. 13-17.

4. Illustrating training methods utilizing multiple role playing and data-based simulation.

Introduction (Appendix I-j Power Spectrum)*

1. Separate the four groups and assign two groups the role of supervisors and the other two the role of subordinates.

2. Assign numbers to supervisors (e.g., 1 to 20) and letters to subordinates (e.g., A to T). If you are certain that everyone is going to participate in the exercise you can use first names (and first letter of last names in case of duplication). The newsprint representing the rosters of supervisors and subordinates and their schedule for the three interactions should be made before the exercise. (Appendix I-j-1). Group the roster in three's (three supervisors meet with three subordinates) so that 6-person "buzz" groups will contain supervisors and subordinates who have interacted with each other under the three power conditions.

3. Give both groups the first task list (obtaining a job) to rank the items in order of importance. Supervisors are given an extra blank list to use for the interaction (Appendix I-j-2).

4. Give only the supervisors instructions (written and verbal) on how to play the first role, "The Democratic Supervisor" (power distribution, .5/.5); subordinates receive no role instructions nor are they told that supervisors will be playing different roles (Appendix I-j-3).

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*These detailed instructions and bar chart were developed by Arthur M. Freedman, Ph.D. and Philip G. Hanson, Ph.D.

5. Both supervisors and subordinates are told that they will meet as pairs to try to reach agreement on their rankings. They are also given a rating scale which they are to complete separately after each interaction. They are instructed to stop talking after the task (agreement on rankings) is complete and to fill out the rating scale individually. Make certain that participants have checked the number of the interaction and their appropriate role on the rating sheet (Appendix I-j-4).

6. Supervisors come into general session to pick up the subordinate assigned to them for this interaction. They meet together anywhere out of earshot of other pairs and proceed with the task. They have 15 minutes.

7. Both groups turn in rating scales to staff designated for that task and return to their room to prepare for next interaction. The staff persons handling the data should start recording the data on the tabulation sheets (Appendix I-j-5) in preparation for computing the means for each scale separately for supervisors and subordinates. A newsprint with blank bar charts for each item should be constructed before the exercise. The averages will be plotted on the bar charts as the data are ready. Keep chart out of sight (Appendix I-j-6).

8. The procedure is repeated with task list #2, (becoming a productive employee, Appendix I-j-7). Again supervisors only are given role instructions for the second interaction "The Autocratic Supervisor" (power distribution, 1/0.) (Appendix I-j-8).

9. Repeat instruction #5.

10. Repeat instruction #6. Cover up names (or numbers and letters) on the roster for the first interaction.

11. Repeat instruction #7.

12. The procedure is repeated for task list #3 (qualities of a good supervisor, Appendix I-j-9). Supervisors only are given role instructions for the third interaction, "The Laissez Faire Supervisor" (power distribution 0/1). (Appendix I-j-10).

13. Repeat instruction #5.

14. Repeat instruction #6. Cover up names (or numbers and letters) on the roster for the second interaction.

15. Repeat instruction #7.

16. As soon as all the rating scales have been turned in, have the supervisors and subordinates who have met together meet in 6-person "buzz" groups to process the interactions. Supervisors can now reveal the roles they played. During this time the staff will complete the data tabulation and bar chart.

17. Call "buzz" groups back into general session and present bar chart. Encourage participants to participate actively, recalling their own feelings and reactions under the three conditions, interpreting the bar charts, noticing inconsistent results and drawing concepts and generalizations from the data.

18. Hand out copy of theory paper (Appendix I-j-11).

Special considerations and precautions:

1. The sequence of the three styles has been varied with the same results. We have found from experience, however, that the above sequence works best for several reasons:

a. The Democratic role is a relatively easy, non-threatening role to start with. It is an ice-breaker.

b. If you put the Democratic and Laissez Faire roles together they do not provide much of a contrast. Sometimes a very agreeable Laissez Faire supervisor may be seen as democratic. The Autocratic role, coming second, provides a contrast to the roles before and after.

c. If you put the Autocratic role first it is more difficult for the supervisor who hasn't yet gotten into the role-playing set. You also run a greater risk of the subordinates "finding out" because of the greater amount of time left to compare notes.

2. Second role instructions (Autocratic) for supervisor instruction #8).

   a. The risk of the subordinates "finding out" is greater after this interaction. Several precautions can be taken to reduce this risk:

      (1) Have the supervisors complete the third list at the same time they complete the second list. This strategy, while it may keep the subordinates waiting a little longer for the second interaction, reduces the instruction time for the supervisors during instruction #12. The supervisors can then descend upon the subordinates more quickly and inhibit the interactions between subordinates.

      (2) Have staff keep the subordinates busy, e.g., keep them engaged in conversation, give them list #3 immediately, or simply instruct them not to talk.

b. During the second interaction if the supervisors find that their rankings are identical to the subordinates', have the supervisors change some of their own items arbitrarily. Include this precaution in instruction #8.

c. Make certain that pairs do not continue talking when the task is completed. Break immediately to complete rating scales. If they continue talking after the task is completed the supervisor is likely to drop the role and lapse into his/her "normal" self. The ratings of the subordinates may then reflect the "normal" self rather than the "role".

d. Make absolutely certain that the rating scales are clearly identified as to who completed them - supervisors or subordinates - and which interaction (1, 2, or 3) is being rated. Have staff check them thoroughly as they are turned in. Mixing supervisor scales with subordinate scales will invalidate the data.

Evaluation of the Power Spectrum Exercise

The evaluation is based on all workshops using a 3-point scale for computing the mean (3=high, 2=medium, 1=low).

Power Spectrum Exercise
(N = 187)

		Frequency of Ratings		
	Mean	Hi	Med	Lo
Satisfaction	2.4	100	54	33
Applicability	2.5	105	51	22

Note: This exercise has been conducted where the subordinates were aware of the supervisors' roles. The data, nonetheless, were quite similar to that obtained when the subordinates were not aware that the supervisors were playing special roles. The role playing, however, does appear to increase the "charge" in the exercise when the subordinates are not aware of the different roles.

WEDNESDAY

8:00-12:00 Decision-Making Exercise: What Hospital Workers Want* (Appendix I-k, instruments)

Purpose: The goals of this exercise are several:

1. To examine group decision styles and member satisfaction and commitment.
2. To contrast the effectiveness of individual vs. group decisions.
3. To look at the utilization of group resources in making decisions.
4. To examine the motivation of hospital employees.
5. To provide a lead-in to further discussion of participative management and team decision-making.

Schedule of Activities

10" a. Optional Individual Rankings: Prior to the exercise, participants fill out, individually, the "What I Want More Of" form for later data feedback on present workshop (Appendix I-k-1).

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*Note: The "What Workers Want" instruments were developed outside the VA system and have been revised to accommodate the VA hospital system. New normative data have been collected within the VA to make the instruments more relevant to TIGER. Normative data have been, and are currently, being collected from business and education. The instruments are copyrighted by Training and Measurement Systems Corporation (TMS). Permission is given for use and duplication by TIGER trainers within the VA system; for other use, contact TMS Corporation, Box 17231, Houston, Texas 77211.

10" b. Second Individual Rankings: At the beginning of the exercise, participants fill out, individually, the Prediction Form in which they predict what the average non-supervisory VA employee wants more of (Appendix I-k-2).

60" c. Group Decision: D-Groups try to reach agreement on the individual rankings of "what the average VA non-supervisory employee wants more of". After thirty minutes stop the action and have groups process-analyze how they are working and how their decision-making can be made more effective and satisfying.

5" d. Post-Meeting Questionnaire (PMQ): Immediately after the decision-making the group members individually complete the PMQ (Appendix I-k-3).

10" e. Decision-making Data: Have each D-Group tabulate and compute their own scores from the key:

(1) Average of individual rankings (statistical decision).

(2) Group or team score (interactive decision).

(3) Record best individual score.

(4) Record number of individuals who did better than group score.

(5) Record list of words to describe group atmosphere (PMQ).

10" f. Coffee Break: During the break, group members tally their own group PMQ data and put it on the newsprint chart (Appendix I-k-4). Have group members report to staff the results of their decision-making data to put on another newsprint chart (see sample chart below). Keep chart covered until after presentation of PMQ data.

15" g. PMQ Data Presentation: After coffee break present PMQ data relating morale and commitment to decision styles.

20" h. Decision-making analysis: Present data on group vs. individual decision, e.g. how were group resources utilized, relation of productivity (accuracy) to morale or atmosphere (descriptive words on PMQ).

SAMPLE CHART

Decision Making Data

Groups	A	B	C	D
Individual average	42	40	45	38
Best Individual	20	35	31	19
Group score	32	42	30	37
Difference between individual average and group score	+10	-2	+15	+2
Difference between best individual and group score	-12	-7	+1	-18
Number of individuals who did better than group score	3	2	0	2

15" i. Normative Data Presentation: If step "a" (optional individual rankings) was completed, examine normative data from non-supervisory and supervisory data and compare these data to what workshop participants want more of (Appendix I-k-5).

30" j. Theory presentation:

(1) Assumptions about human motivation (Appendix I-k-6).

(2) Maslow's hierarchy of needs (Appendix I-k-7).

(3) Motivation of VA employees: Discuss normative data from 19 VA Hospitals (Appendix I-k-5).

60" k. Theory Presentation: Although not presented in this particular workshop, the following general session is devoted to the development of participative management experiences and case histories in various organizations and its application to the VAH system. This theory session should come after a long break to allow time for previous exercise and theory sessions to be assimilated, e.g., after lunch, or if exercise is conducted at the end of the day, present theory the following morning.

Evaluation of "What Workers Want" Exercise: These evaluation data are based on all five workshops using a 3-point scale to compute the mean (3=high, 2=medium, 1=low). The evaluation does not include the theory session on participative management.

What Workers Want Exercise
(N=188)

		Frequency of Rating		
	Mean	Hi	Med	Low
Satisfaction	2.5	117	54	17
Applicability	2.7	135	36	11

12:00-1:00 Lunch

1:00-4:00 Diagnosis-Design-Intervention-Feedback/Evaluation Exercise (See Appendix I-l for two other variations of this design).

Purpose: The purpose of this multifaceted exercise is to give participants an opportunity to:

1. Put into practice some of the workshop learning and skills.
2. Experience the elements, in sequential progression, of the consultation process and its attendant problems and issues.
3. Provide an action-research model that can be applied to their own hospitals.
4. Introduce participants to issues involved in designing exercises.

Sequence of Elements

5" a. Introduction: Participants are "walked through" the design to orient them.

5" b. Quintets: D-Groups are divided into quintets within each group. Before dividing, however, they are instructed to identify and distribute their resources between the quintets. Trainers act as roving consultants.

30" c. Diagnosis: Each quintet discusses how they see their group functioning, what problems it seems to be having, and what issues the group is presently wrestling with. They list these issues or problems on newsprint.

50" d. Design: Each quintet then selects what they see as the most important issue and design a 10-minute intervention around this issue. It is important to note that issues may be related and that a design may deal with one or more of them. Select person(s) to implement the intervention and to function in what other roles are necessary, e.g., process observers.

60" e. Intervention: Quintets rejoin D-Groups in D-Group room and decide which quintet will implement design first.

The following schedule is posted on newsprint for each D-Group:

10" D-Group meets - unstructured session.

10" Intervention #1

10" D-Group continues meeting - 1st quintet notes effects of intervention.

10" Intervention #2

10" D-Group continues meeting - 2nd quintet notes effects of intervention.

Trainers act as observers with each D-Group. Where there are four D-Groups and three trainers - two D-Groups can use the general session room catty-corner (for maximum distance between the two groups) and one trainer can move back and forth between these two D-Groups.

25" f. Feedback/evaluation: D-Groups give feedback to quintets on how helpful their interventions were: perceived effects by intervening quintets, experienced effects by total group, rationale for design, and evaluation of appropriateness to issue.

15" g. D-Groups are instructed to collect questions around design issues (as they experienced them and others that might arise) to be discussed with staff in general session.

4:15-5:15 General Session: Discuss design issues based upon questions from D-Groups.

5:15- Dinner and free evening. Remind groups to complete self-ratings on DOMB's and Problem Identification Form I before tomorrow.

Evaluation of D-D-I- F/E

The evaluation of this exercise is based on one workshop only since this particular design was used once. A 3-point scale was used to compute the mean (3=high, 2=medium, 1=low).

D-D-I-F/E Exercise
(N=30)

		Frequency of Ratings		
	Mean	Hi	Med	Low
Satisfaction	2.6	26	9	3
Applicability	2.6	26	10	2

THURSDAY

8:30-9:00 General Session: Theory Presentation on Consultation:

Action Research Model (Appendix I-m)

1. Contact with client.
2. Data gathering.
3. Interventions.
4. Evaluation.
5. Ongoing process-values

9:00-11:20 Program Planning Exercise

Purpose: The goal of this exercise is to apply what participants have learned so far to their back-home setting. The diagnostic and design process is now focused on their own Admitting Office which allows participants to share and help each other look at problems that may be common to many hospitals or, in some cases, highly individualistic. The exercise also gives them a starting point which can then be developed and completed back home. Lastly, participants have to design a program which involves more than one intervention which enables them to consider problems of sequencing, timing, flow, beginning and ending.

10" 1. D-Groups are asked to list four problem areas common to Admitting Offices in VA Hospitals. For example:

a. Patient-staff insensitivity.

b. Ineffective teamwork among staff.

c. Medical Administration Service vs. professional staff -- lack of communication between the two groups.

d. Low morale - workers cannot influence decisions that affect their work.

e. Atmosphere tense - hostile patients, frustrated families, pressured personnel, etc.

5" 2. Split D-Groups again into quintets. Make certain that quintets have different membership from previous quintets. Again, distribute resources.

75" 3. Quintets are asked to agree on problem areas for which they want to design a program. The program should consist of four 2-hour sessions with elements relevant to the problem areas. Other quintets and trainers are available for consultation.

50" 4. Quintets rejoin D-Groups.

15" a. First quintet shares designs within D-Group.

15" b. Second quintet shares designs within D-Group.

20" c. D-Groups react, evaluate, and suggest modifications for designs.

Evaluation of Program Planning Exercise

The evaluation of this exercise is based on one workshop only since this particular design was used only once. A 3-point scale was used to compute the mean (3=high; 2=medium; 1=low).

Program Planning Exercise
(N=38)

		Frequency of Ratings		
	Mean	Hi	Med	Low
Satisfaction	2.4	23	9	6
Applicability	2.6	26	10	2

11:20-11:50 D-Groups

Task: Assess participants' needs in relation to design issues and implementation problems. List on newsprint and have D-Group representative bring list to staff.

11:50-12:05 D-Group representatives and staff collate lists of needs while D-Groups continue meeting.

12:05-1:00 Lunch

1:00-2:00 General Session: Free university format based on collated needs. Participants group themselves around need areas that are of most concern to themselves. Staff is available to each group upon request.

2:00-3:30 General Session: Preparation for feedback sessions

Each participant is given nine DOMB answer sheets (Appendix I-f-1) and asked to complete one on each D-Group member. They are told to base ratings on group members' behaviors here at the workshop and to be as frank as possible. These ratings will be used to give each group member feedback from all other group members.

At this point in time group members have been exchanging feedback informally and are feeling more familiar and comfortable with each other. There is sufficient trust in the atmosphere to enable most group members to be fairly honest in their ratings. In addition, the structured format of the feedback enables participants to "know what's coming".

3:30-3:45 General Session: Theory - Giving Feedback

Purpose: The purpose of this presentation is to help participants be more aware of how they give feedback and the impact it has on others. The relevant question is, "How can I give feedback in a way that maximizes its usefulness and minimizes the defensiveness on the part of the receiver?"

Participants are given a lecturette describing some guidelines for giving feedback and receive a handout describing the topic in greater detail. These guidelines include being descriptive rather than interpretive, specific rather than general, direct rather than indirect, nonevaluative rather than judgmental, and allowing the receiver the freedom of choice to change rather than pressuring for change (Appendix I-n).

3:45-5:45 D-Groups: DOMB Feedback

Purpose: The feedback sessions give the participants an opportunity to see themselves as others see them in terms of how they listen, express themselves, influence others, make decisions, handle tasks, conflicts, and relationships with others, set goals, and finally assess their willingness to change. They can then compare the perceptions of others with the perceptions they have of themselves and examine the agreements and disagreements. The feedback on specific areas is then translated into more global

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features such as styles of influence or leadership to enable participants to relate their own style to their effectiveness in general. The use of the feedback instruments and the systematic way in which the session is handled insures that every participant gets feedback along the dimensions described above.

Group members are asked to retain the answer sheets that they have completed on other group members and to use them during the feedback session. D-Groups may handle the feedback in several ways:

1. Select the first area "Listening" and complete this item on every group member before moving on to the next dimension. Thus every member receives feedback on one dimension at a time before moving on to the next dimension. Each member should hear from every other member, even if it is just to agree with another member's perception. This procedure avoids the problem of the receiver interpreting group members' silence as agreement or disagreement with more vocal participants. One problem with this procedure is that it takes a long time to finish and the feedback tends to get repetitious.

2. Another method is to cover the 12 dimensions by having group members select only those dimensions or items on which they want feedback. For example, in some of the areas, several group members may not be particularly interested in receiving feedback, while in other areas they may. In this case, all group members may not receive feedback on all of the 12 dimensions. This method puts the responsibility on the receiver to ask for feedback and may be the better alternative when there might be insufficient time to do a complete item-by-item feedback session. Each group member will receive all the feedback from other group members, anyway, when the answer sheets are passed out and they score their own leadership styles.

3. A third method is to complete all the feed-

back on all the dimensions on one member before going to the next participant. Two major drawbacks with this method are:

a. May be difficult for receiver to assimilate information because of too much at one time and too threatening.

b. Having once received his feedback, he gets no more for the rest of the session. The process of giving feedback is synergistic and tends to be fuller and richer as the session progresses.

5:45-7:15 Dinner

7:15-7:40 General Session: Score DOMB's

Purpose: Having completed the item-by-item feedback, the goal here is to organize the data into styles of influence to give participants a more global and conceptual feel for what the feedback means. Through sharing this information, feedback is given at another level: leadership styles.

Participants collect the answer sheets, designated for them, from other group members and score their own DOMB's. (See scoring instructions, Appendix I-o-1).

7:40-8:10 General Session: Theory Presentation - Styles of Influence

Purpose: The theory presentation describes six styles of influence (leadership) which are used to interpret the participants' scores on the DOMB. The scores enable them to look at their primary and secondary styles and the extent to which they may utilize one or the other (Appendix I-o-2).

8:10-9:30 D-Groups: Feedback on Styles of Influence

Participants' self-scores are compared with the "accumulated" scores of other group members. Agreements and discrepancies are examined and situations explored which tend to evoke one style as opposed to another (e.g., normal vs. crisis situations).

Evaluation of DOMB Feedback

The evaluation data are based on four workshops using a 3-point scale to compute the mean (3=high, 2=medium, 1=low).

DOMB Feedback

(N=144)

		Frequency of Ratings		
	Mean	Hi	Med	Low
Satisfaction	2.5	89	31	24
Applicability	2.3	68	49	23

FRIDAY

8:30-10:00 General Session: Jo Hari Window Exercise

Purpose: The purpose of this exercise is to have participants look at how open they were in giving feedback and how receptive (solicited) they were in receiving feedback. They are also given the opportunity to explore what forces in themselves and in the environment facilitate or inhibit their openness.

30" 1. Theory Presentation: Jo-Hari Window: A Model for Giving and Receiving Feedback (Appendix I-p-1). During lecturette participants are given instructions on how to draw their own windows on a blank self-rating Jo-Hari Window Form (Appendix I-p-2).

30" 2. Trio or Quartets: D-Groups subdivide into trios or quartets to share windows. Members compare self-windows with perceptions of the other two or three members who give feedback as to how they see the window.

30" 3. D-Group: Members rejoin the D-Group and identify forces that facilitate or inhibit the feedback process back home.

Evaluation of Jo Hari Window Exercise

The evaluation data are based on one workshop only. The mean is computed from a 3-point scale (3=high, 2=medium, 1=low).

Jo Hari Window Exercise
(N=38)

		Frequency of Ratings		
	Mean	Hi	Med	Lo
Satisfaction	2.4	20	12	5
Applicability	2.6	24	12	2

10:00-10:15 Coffee

10:15-11:15 General Session: Peer Evaluation for Help in Selecting District Trainer/Consultants (Appendix I-q-1).

Participants were given evaluation forms and asked to rate the workshop elements and the workshop as a whole in terms of satisfaction and applicability. Each dimension was divided into High (3 points), Medium (2 points) and Low (1 point). Participants were also asked to rate each other in terms of their potential for becoming district consultants. (Appendix I-q-2).

11:15-11:45 General Session: Wrap up.

Future plans for the TIGER program were discussed and how they might contribute nationally as well as locally in their own hospitals. Much of the discussion involved clarification of the TIGER network, Houston's role, and Central Office's sponsorship.

Evaluation of D-Groups:

The evaluation data are based on all five workshops, using a 3-point scale to compute the mean (3=high, 2=medium, 1=low).

Evaluation of D-Groups
(N=187)

		Frequency of Ratings		
	Mean	Hi	Med	Lo
Satisfaction	2.7	141	35	11
Applicability	2.7	137	33	10

Evaluation of Total Workshop

The evaluation data are based on all five workshops, using a 3-point scale to compute the mean (3=high, 2=medium, 1=low).

Evaluation of Total Workshop
(N=186)

		Frequency of Ratings		
	Mean	Hi	Med	Lo
Satisfaction	2.7	132	51	3
Applicability	2.6	110	60	6

CHAPTER THREE

ADVANCED TRAINING-OF-TRAINERS WORKSHOPS

I. Introduction

In the second year of the program three advanced training-of-trainers (TOT) workshops were set up for other hospital trainers who had attended basic TOT workshops either nationally or locally or who had the equivalent training experience. These workshops differed from the first two advanced sessions conducted the year before in that they were not set up primarily for district consultants and the number of participants in each workshop was doubled, i.e., forty. These advanced workshops were set up for a number of reasons.

A. The brief introduction to training methods and philosophy in the basic workshops needed to be supplemented by additional work in design, consultation and theory.

B. Having experienced both the basic training and conducting training programs in their own hospitals, trainers were in a better position to know what they needed and how to get it.

C. After a year of conducting basic workshops in their hospitals, the question arose, "What comes after the basic workshop?" In addition, TIGER trainers were being asked to provide other kinds of training and consultation services within their own hospital.

II. Learning Goals and Population

A. Description of Population

Approximately 120 trainers, all with a minimum of one week or equivalent training experience, selected by local hospitals and expressing desire for additional training, participated in one of the three advanced training workshops held in Houston. The Services represented by these trainers included Psychology, Psychiatry, Social Work, Chaplain, Nursing, Personnel, Engineering, Medical Administration, and Rehabilitation Medicine.

B. General Goals

1. One goal for the second year of the program was to provide as many trainers as possible with advanced training to supplement their basic program and hospital training experience.

2. The additional experience would create less of a need for outside resources and instill more confidence in the local training staff.

3. Further training would increase their competence to meet increasing demand for their services including requests for consultation with hospital work teams.

4. The off-site meeting with other trainers provided an opportunity for collegiality, sharing training experiences, and increasing the potential for further growth and revitalization.

C. Workshop Goals

The format and content of the first advanced workshops for district consultants were continued for subsequent advanced TOT workshops with modifications from one session to another. These modifications were based on participant feedback and the particular biases of the staff planning and conducting each workshop.

1. The following needs expressed by participants were collated prior to planning and reflect some of the workshop goals.

    a. Diagnostic skills: Collection and organization of data, problem or issue identification in a variety of settings (e.g., on the job, in a hospital unit, in the D-groups, etc.).

    b. Design skills: Designing interventions and exercises appropriate to diagnosis.

    c. Consultation process: Entry, consultant/client contract, diagnosis, design, intervention, feedback, evaluation, follow-up. Includes "a" and "b" above. Consulting practice with groups, hospitals, and other organizations.

    d. Building a program back home: Preprogram preparation, starting, ongoing, finishing, evaluating and follow-up. Issues covered included resistance, volunteerism, coercion, management support, adverse outcomes. Sharing back-home problems including both failures and successes.

    e. Team building: Contacting client (when indicated, how much and how long) and team building as a follow-up to training program.

f. Ethics and values in training.

III. Design of Advanced Training-of-Trainers Workshop

A. General Considerations

The above needs reflecting workshop goals were incorporated into the advanced workshops by utilizing those elements which would supplement basic training and increase the competency of trainers in the needed areas. These workshops were complete units in themselves. The original two advanced workshops, containing only district consultants, were geared to those elements more relevant to district consultants, e.g., need assessment items "c" and "f" above. The following advanced workshop schedule is representative of the five that were designed and conducted by district consultants and the Houston staff. Elements were added, dropped, or modified from workshop to workshop when staff considerations and participant feedback indicated changes in the design. One major change over the basic TOT workshops was the substitution of trainers in the groups (T-Groups or sometimes called Process (P) Groups). A number of reasons influenced this decision:

1. The T-Group would present an alternative model for group process analysis and learning. Most of the participants' previous experience had been in the self-directed D-Groups.

2. The T-Group provides a more intensive personal growth experience. Many of the trainers expressed a need for this kind of experience.

3. The T-Group model enabled the staff to have a more personal and first-hand experience with the trainers than was afforded by the trainerless D-Groups. The personal contact provided the opportunity for building relationships with trainers as a preface for building a network team (particularly with district consultants). The inclusion of T-Groups in the structural workshops was not without some problems. The staff had less time for processing and planning during workshop time and had to work additional hours after the evening group sessions. The problem was exacerbated during the last three workshops when two different evening sessions were offered (the Choice & Responsibility module and the Training/Consultation module.)

Since the goals of the workshop have already been described from the need assessment, they will not be repeated for each element in the schedule below.

B. Advanced Training-of-Trainers Workshop Schedule

SUNDAY EVENING

7:00-7:30 Introduction: Goals, format and flow, announcements, introduction of staff.

7:30-8:30 Selection of Evening Modules: (a) Training/Consultant Module; (b) Choice and Responsibility Module. A description of each module was presented and participants chose either "a" outlined in Appendix II-a & II-b, or "b" described in Appendix II-g.

8:30-9:30 T-Group

9:30 Social Hour

MONDAY

8:30-10:15 Workshop Planning and Preparation

10" Participants were asked to consider the current workshop from the following points in the workshop planning process.

1. Proposing the workshop-purpose.
2. Deciding on content and format.
3. Informing and inviting participants.
4. The opening session of the workshop.

45" Each T-Group was asked to discuss and evaluate the above four phases for this workshop from the points of view of a participant and a trainer who designed the workshop. The time span for the evaluation was to begin when participants received the first notice of the workshop being scheduled and to end at the termination of Sunday night's activities.

15" Each T-Group was asked to come up with a list of three things it would change about the workshop and three things it would keep the same.

35" General Session: Each T-Group presented their lists to the community with rationale for the items listed.

10:15-10:30 Coffee

10:30-12:00 T-Group

12:00-12:30 Lunch

12:45-5:45 Power Exercise: One of the problems frequently mentioned by trainers in setting up training programs dealt with power and influence. How to get support from management and the Chiefs of Services. How to get physicians involved. How to exert influence in a way that elicits an open response.For many trainers it was their first experience in working with the power structure in the hospital. This exercise provided an opportunity to examine the dynamics of power from the vantage point of those who have it, those who do not, and those in whom it lies unrecognized and dormant. (Appendix II-c).

5:45-7:00 Dinner

7:30-10:00
1. Training-Consulting Module #1: How to plan and start a workshop (Appendix II-a)
    a. The proposal
    b. Employee Information--Invitation
    c. Workshop Planning
    d. Workshop Opening
2. Choice and Responsibility Module #1 (Appendix II-g)

TUESDAY

8:30-9:00 Introduction to Consultation: While being observed by the participants the staff discussed their own experiences, philosophy, approaches, problems and considerations in consulting with others.

9:00-11:00 Consultation Skill Exercise:

15" Participants were asked to form trios with others whom they did not know. Each participant chose a back-home problem regarding their program on which they wanted consultation. The problem had to be (a) current, (b) one that involved themselves, and (c) one on which they needed to take action in the near future. They were instructed to prepare a 5-minute presentation of their problem.

60" Person A presents problem (5")
Person B consults with Person A (10")
Person C observes and gives feedback (5")

Trios switch roles and repeat process two times to give each member of the trio an opportunity to be in each role.

45" General Session: Trainer processes exercise by soliciting data from participants and tabulating items on newsprint.

1. What consultants did that helped
2. What consultants did that hindered
3. What clients did that helped
4. What clients did that hindered

11:00-12:00 "Real-Life" Consultation: The staff had arranged for clients from the community who would present legitimate problems on which they would like some consultation. The clients were professionals, administrators, managers, and others from the Houston area health agencies, businesses, and institutions, including the VAH. Some clients were program teams as well as individuals.

1. Clients were described to participants
2. Participants chose clients and grouped themselves into consultant teams to prepare for clients.

12:00-12:30 Lunch

12:30-2:00 Client Interviews: Consultant teams met with clients for consultation.

2:00-3:00 Consultant teams met to process consultation and prepare written reports to give to clients, when they return Thursday morning for follow-up consultation.

3:00-5:00 T-Groups

5:00-7:30 Free time and dinner

7:30-10:00 1. Training-Consulting Module #2: Handling Stress, Diagnosis and Intervention Planning (Appendix II-b).

2. Choice and Responsibility Module #2 (Appendix II-g)

WEDNESDAY

8:30-8:45 T-Group Interventions: The flow of the exercise was explained. Each T-Group would diagnose one or more issues it was working on and ask the other T-Group for help around one issue. The other T-Group would then design an intervention, implement it and evaluate its effectiveness. All T-Groups thus had the opportunity to diagnose its own group, design and intervene on another group, and evaluate its intervention. (Appendix II-e, and also Appendix II-d for "Things to consider in designing an intervention.") For other intervention designs see Appendix I-1.

8:45-12:00 T-Group diagnosis and designing

12:00-12:30 Lunch

12:45-3:00 T-Group interventions and evaluations

3:00-5:00 T-Group

5:00- Dinner and Free Evening

THURSDAY

8:30-10:00 "Real Life" Consultation Continued: Feedback reports were given to clients by consultants. The community clients returned to the workshop to complete the consultation contract, i.e., to hear and discuss the written reports.

45" Presentation of feedback and written reports in individual sessions with clients.

15" Consultants ask clients for feedback on their consultation.

30" General session for all clients and workshop participants.

1. What did consultants do that helped or hindered?
2. What did clients do that helped or hindered?

10:00-10:15 Coffee

10:15-12:00 Team Building Module: The task for the participants was to design a 1½-hour team-building module to be presented to the entire workshop on Friday morning. The "Real Life" consultant teams were divided into clients and consultants. The client teams had the task of designing and presenting while the consultant teams provided consultation (Appendix II-f-1, see also Appendix II-f-2).

12:00-12:30 Lunch

12:30-3:15 Team Building Module continued

3:15-5:00 T-Groups

Task: T-Groups were asked to complete the evaluation forms for selecting candidates for district consultants. These ratings could also be used for feedback in the T-Groups (Appendix I-q-1).

5:00-7:00 Free time and dinner

7:30-10:00 1. Training-Consulting Module #3: Handling Stress, Implementing Interventions (Appendix II-b).

2. Choice and Responsibility Module #3: (Appendix II-g)

FRIDAY

8:30-10:00 Team Building Module Implemented: "What to do after basic training." Four "Client" teams implemented the design they had constructed Thursday. Consultant teams were participant/observers and gave feedback after the intervention. The module varied with different workshops. For team building designs and information see Appendix III-g.

10:00-10:15 Coffee

10:15-11:15 T-Group

11:15-11:45 Evaluation

1. Workshop Survey was completed by participants.
2. Workshop elements were rated in terms of the satisfaction participants experienced and in terms of how applicable were the learnings from each element to the participants' training responsibilities at their stations. (Appendix II-H).

11:45-12:00 Wrap-up and End of Workshop

SUMMARY EVALUATION DATA FOR EXERCISES AND MODULES COMMON TO THREE ADVANCED TOT WORKSHOPS, 1975

(N=113)

	Satisfaction				Applicability			
Element	$\overline{X}$	Hi	Med	Lo	$\overline{X}$	Hi	Med	Lo
1. Exercise: "Evaluation of Workshop to Date"	2.0	26	60	27	2.1	32	52	26
2. Power Exercise	2.6	79	25	9	2.6	76	30	5
3. Consultation Skills (Trios) on Back-Home Problems	2.6	78	30	5	2.7	86	21	5
4. "Real Clients": Interview + Report	2.7	88	16	6	2.8	86	17	4
5. T-Group Diagnosis, Planning & Interventions	2.6	70	37	6	2.6	76	31	5
6. Team-Building Module	2.2	47	40	25	2.5	62	38	11
7. Choice & Responsibility Module (optional to participants)	2.7	54	9	4	2.7	46	9	6
8. T-Groups	2.8	88	23	1	2.6	75	25	7
9. Total Workshop	2.7	86	25	2	2.7	75	32	3

CHAPTER FOUR

DISTRICT CONSULTANT WORKSHOPS

I. Introduction

In order to effectively implement and provide consultation to a program involving 172 hospitals and outpatient clinics, a small group of trainers with advanced training would be needed to work with hospital trainers at a local or regional level. These advanced trainers would have to come from strategic locations around the country to provide adequate coverage for hospital trainers, conveniently and economically.

Forty trainers were selected from the five basic workshops to become district consultants. The selection criteria for these consultants included demonstrated high potential during the basic workshops (based on peer and staff evaluation, Appendix I-q-1), previous background and experience in training, desire for further training, a philosophy of education compatible with the Laboratory Method of training, and approval by their hospital Director. These trainers were provided a more intensive program to prepare them for the responsibility of being a primary resource for hospitals in their medical districts and surrounding areas. Following the one-week basic workshop, the district consultants received two additional weeks of advanced training to strengthen their training, design and consultation skills, encourage the development and implementation of workshops and back-home projects, and continue personal development. These advanced laboratories were divided into two one-week sessions, one month apart. One series, comprising 18 district consultants primarily from states west of the Mississippi River, was conducted in Houston and San Francisco during November and December 1973. The second series was conducted in Boston and Houston during the months of January and February, 1974. A third series was instituted in Houston, April, 1975, to train 15 district consultants to increase the consultant coverage and to replace those who had resigned from the program. These district consultants were again selected on the basis of peer and staff evaluation from advanced workshops and came primarily from areas of the country that were under-represented by district consultants. Because of the selection procedure involving peer and staff evaluation and self-selection, a homogeneous, highly skilled and highly motivated group emerged from the district consultant training. There was still a fair range, however, of competency, sensitivity and personal involvement represented.

To provide additional experience for the district consultants once they had completed the second advanced or district consultant workshop (to be described below), they were used extensively for staffing all workshops and consultation activities conducted by the national TIGER staff. District consultants also conducted basic and advanced regional workshops throughout the country.

II. Learning Goals and Population

A. Description of Population

A total of 55 trainers, all with a minimum of two weeks training, rated highly by their peers and staff as having high potential, declaring a high interest in continued training and approved by their hospital Director, participated in a second advanced workshop. To provide a more intensive experience separate workshops were conducted with smaller numbers of participants, 20 in each session. The remaining 15 district consultants were selected from larger advanced workshops held in 1975, approximately one year after the initial district consultant training workshops. Staff for the first two series of advanced workshops for district consultants was provided from Houston. The third district consultant workshop was staffed by one district consultant and one Houston staff member.

B. General Goals

A training design was developed that was intended to encourage creativity, responsibility and autonomy through a sequence of developmental stages.

1. The first stage, or the basic TOT workshop, was highly structured, with high control by the Houston staff, and designed to quickly assist in developing a repertoire of easily translatable training skills, methodologies, theory and philosophy.

2. The second stage consisted of a one-week workshop designed to enhance diagnostic, design and intervention skills. While the overall design was still developed and led by the Houston staff, it allowed for input from the participants through a needs assessment prior to the workshop. This input greatly influenced the design of the workshop.

3. The third stage was a second one-week workshop, 4-6 weeks later, in which full partnership and autonomy was allowed participants who, working along with staff, designed and conducted the entire workshop based on their own skills and assessment of needs.

4. Subsequent shorter training sessions for district consultants were offered, on an annual or bi-annual basis, in conjunction with TIGER program-planning meetings, to continue developing both additional training skills and network collegiality.

C. Workshop Goals

The workshop goals were originally based upon two major considerations which set the overall format and content for three advanced workshops for district consultants. These two considerations were a need assessment prior to the workshop and the potential role requirements of the district consultants as perceived by the Houston staff. The need assessment included a continuation of several of the elements present in the advanced TOT workshops.

1. Need Assessment

a. Diagnostic and design skills: temporary groups, ongoing work teams, and larger organizational units.

b. Consultation skills: theory and practice

c. Team building: theory and practice

d. Organization development: more clarification needed in this area and how it relates to training and TIGER.

e. Building a network of trainers and consultants: how to maintain it and revitalize it as a process of continuing growth.

f. Ethics and values in training.

2. District Consultant Role Requirements

a. Consultation with other trainers and using each other as resources.

b. Training-of-trainers in their own hospital and in the district, pooling resources of other district consultants and trainers.

c. Greater understanding and familiarity with theory and concepts behind laboratory education, training, and consultation.

d. Increased creative design capabilities.

e. Increased individual, group, and organizational diagnostic skills.

f. Team building with intact staff groups and treatment units.

g. Considerations of power and influence dynamics in the hospital organization.

h. Interface between Houston staff and hospital trainers and administrators.

i. Assuming responsibility for their own continuing professional and personal growth.

III. Design of District Consultant Workshop

A. General Considerations

The progress from the basic workshop through the advanced training-of-trainers to the district consultant workshop represented a gradual process of increased ownership by the participants for meeting their own learning needs. Very little responsibility for the design of the workshop was experienced by the participants in the basic sessions. The learning need assessment of participants for the advanced training-of-trainers allowed them to have greater influence on the design of the workshop since the elements were designed to meet these needs. For the district consultant workshops the participants had complete responsibility for assessing their own needs, designing, planning and implementing workshop elements, and evaluating their own efforts. One major consequence of complete ownership was to considerably increase confidence on the part of district consultants to assume consultation responsibilities. The following workshop schedule (conducted in San Francisco) is generally representative of the three district consultant training sessions.

B. District Consultants Workshop Schedule

SUNDAY EVENING

7:00-9:00 Organization Development (OD) Consultation: Input and dialogue with the total group by private OD consultants, Drs. Norman Paris and Woodrow Sears.

MONDAY

8:30-12:20 Needs Assessment: Total group was divided into two groups to rework and bring needs list (developed prior to workshop) up to date. Consultation visits with VA Hospital Directors at both San Francisco and Palo Alto, and hotel management staff were also discussed.

Each Process (P) Group developed new needs lists which were collated in general session during coffee (Appendix III-a). A suggested format for planning the workshop was presented to the participants and appears in Appendix III-b.

12:30-1:30 Lunch

1:30-2:10 Scheduling and Formation of Design Teams: The flow of elements, over the remaining days, was determined from the collated needs list and tentatively blocked into the week's schedule.

In order to insure distribution of resources among design teams, each P-Group assessed member resources, divided into three subgroups, and selected the elements on which they wanted to work. Some of the criteria for resources included design skills, task and maintenance functions, up-front presence, and previous experience.

Each within P-Group trio paired with a trio from the other P-Group based upon selection of the same day (elements): i.e., (a) Tuesday, (b) Wednesday, and (c) Thursday and Friday morning. Thus, three 6-person design teams were formed across the two P-Groups.

Each design team was responsible for conducting the workshop on the day(s) they chose. Houston staff members were part of the design teams.

2:10-4:30	Design teams work on designing program for day selected, subdividing again to distribute resources among elements.
4:30-5:00	Subgroups within design teams consulted with each other on their designs.
5:00-5:30	Subgroups refined their designs based on consultations.
5:30-6:00	Final Schedule: Design teams finalize their schedule and block in times on the newsprint. (Appendix III-b was modified to fit time available).

TUESDAY

8:30-9:30	P-Groups
9:30-10:30	Back-Home Consultation Exercise: Sharing back-home problems via a telephone exercise in which the FTS operator set up conference calls for any number of VA Hospitals responding to requesting hospital. Requesting hospital presented "real" problem to trainers from responding hospitals. The purpose of the exercise was to explore the advantages and disadvantages of consulting by phone.
10:30-11:30	"Real" Consultation: The host district consultants (VAH, Palo Alto) arranged for "live" clients prior to the workshop. In addition Joyce Paris (Houston trainer) made arrangements for consultation with the hotel staff. The total group subdivided according to which client they wanted to consult with: 1. Hospital Directors at San Francisco and Palo Alto VAH's. 2. Bay area trainers. 3. Hotel staff.
11:30-1:00	Lunch and travel to client locations.
1:00-3:00	1. Visit to Directors of VA Hospitals at San Francisco and Palo Alto. 2. Hotel consultants continue preparations for contacting their clients.
3:00-5:00	1. Consultation with Bay Area Trainers on their plans for joint programs.

2. Consultation with Airport Hilton Hotel staff. This consultation continued periodically over three days.

5:00-7:00 General Session:

1. Process and evaluate the day's consultation activities and share across groups.
2. Share reactions to the design team's planned activities for the first day.

WEDNESDAY

8:30-10:00 OD and its Relation to the TIGER Program: Participants self-selected themselves into two groups based on interest in and/or identification with Organization Development vs. Human Relations Training. Each group polarized themselves by developing a list of advantages of each area. Both groups met in general session to discuss lists. Result of discussion moved groups from polarization to congruency. The purpose of this exercise was to clarify what constitutes OD and training and how they can be related (Appendix III-c).

10:00-10:15 Coffee

10:15-11:15 Consultation with Client Hospital (role play): Total group split into consultants and hospital trainers.

1st Pairing: Consultants paired with "trainers" and attempted to help them (hospital trainers) via telephone (back-to-back) with their problem.

2nd Pairing: Previous clients (hospital trainers) became consultants to previous consultants to help them with same problem upon which they were just consulting (different pairings). That is, consultants now receive help on the same problem for which they were providing consultation. The exercise allowed different perspectives on the same problem.

General Session: Total group shared experiences of what helped and what hindered in the 1st and 2nd pairs.

11:15-12:15 Training Issues: Training issues 1, 3, and 4 deal with resistance where it comes from, what it means, and how to work with it. Resistance was explored from three perspectives: self as trainer, participants, and management.

1. Consultation with Resistant Client Trainer (Role Play): The total group divided into consultants and client-trainers. Client-trainers were to act out their resistance to developing a training program in their hospitals based on one or more of the following:

   a. Did not volunteer for role of trainer but was told to do so by Director.

   b. Trainer uncertain about own competence to set up this kind of training program.

   c. Trainer does not accept or disagrees with the laboratory method and philosophy.

Consultants pair with client-trainers and try to work through resistance. Three roving observers.

General Session: Pairs share experiences with total group. Three roving observers report observations.

12:15-1:15 Lunch

1:15-2:00 Training Issues:

2. Ethical Dilemmas: Some 12 to 15 situations and statements were presented to participants who rated the extent of their agreement or disagreement. These ratings were tallied by a show of hands. The largest discrepancies were discussed in terms of philosophy, rationale and consequences (Appendix III-d).

2:00-2:15 Coffee

2:15-4:00 Training Issues:

3. Resistant Participants in Group (Role Play): Three 6-person groups were formed and role instructions were passed out. First go-around included one group leader, two straights, and three roles (silent person, indecisive person, and complaining person).

   Participants role played an opening group session in which the leader was attempting t[illegible]plain the objectives of the training program (20 minute[illegible]

   Group processed role play session for 20 minutes.

Sequence was repeated. Participants shifted to second role and new leaders rotated to another group. Group processed second role play session. (Appendix III-e).

4:00-4:15 Coffee

4:15-5:15 Training Issues:

4. Resistant Management: A Marketing and Negotiation Exercise: Participants were divided into district consultants (played it straight) and hospital Directors (role played) pairs. The district consultant was to negotiate for time (two days) to consult with client hospital trainer. The district consultant's Director was reluctant to give the consultant the time away from his station.

   Director paid 5, 10, or 25 cents to consultant, depending upon his judgment of consultant's skill in negotiating and whether or not Director gave in (yes or no). Two dimensions of feedback are discussed in this exercise: skill in negotiations and Director's acquiescence.

General Session: Participants shared experiences about effectiveness of negotiation and/or marketing skills with Director. Data on payoff used as basis for discussion (appendix III-f).

5:10-5:30 General Session: Shared reactions to second-day design team's planned activities.

5:30-6:30 P-Groups

THURSDAY

8:30-10:45 Team Building: Three 6-person teams role played a treatment team in a private hospital. Members of the team received role information--psychiatrist, psychologist, social worker, nurse, and two nursing aides. The situation involved a problem with a young female patient which was being discussed at the staff meeting. The session was taped. Staff decisions were written on newsprint with rationale.

The three teams shared their decisions in general session. Participants voted on which team produced the best product and why.

The treatment teams returned to their rooms to listen to their tapes. They were now consultants to themselves as a treatment team. Each team diagnosed team interactions from tape and discussed helpful interventions. Each team also made a list of interventions, based on diagnosis of tape, and checked them as to whether or not they were appropriate for ongoing work teams as opposed to temporary groups such as T-Groups.

Diagnoses and interventions were shared in general sessions. For schedule of activities and role descriptions see Appendix III-g-1 and Appendix III-g-2.

10:45-11:00 General Session: Reactions to third-day design team's planned activities.

11:00-12:00 P-Groups

12:00- Lunch and free afternoon

FRIDAY

8:00-8:30 General Session Presentation: National and local TIGER evaluation research.

8:30-10:30 District Consultant Network and Contracts--"Where do we go from here?" Participants teamed up in pairs or trios, depending upon the geographical contiguity of client hospitals. A map of VA Hospitals with names and locations of district consultants was posted. A list of hospital trainers was also provided. Teams discussed plans for contacting client hospitals.

Each district consultant wrote a contract (blank contracts were provided by design team), signed by his/her team member, of actions to be taken within the next 30-60 days. Contracts were displayed on walls. Verbal contracts were given by Houston staff to be mailed later.

10:30-11:00 Workshop Evaluation (Appendix III-h).

11:00-11:30 Wrap-up and End of Work Shop

1. Projected activities for the coming year for the Houston based national TIGER staff.

2. Directions for the training network.

CHAPTER FIVE

DESIGNING FOR EXPERIENTIAL LEARNING*

Design skills are necessary to create a new exercise, select an established one, or to integrate exercises in planning a complete workshop. Not all new trainers express an interest in creating new exercises, but selecting established exercises and developing workshops are inevitable parts of the trainer role. As this role develops, the interest in and need for creating new experiences will probably also develop, since the confidence in selecting the most appropriate interventions for workshops is based on awareness of design. Creating new experiences and meaningfully modifying old ones are necessary not only to make experiences relevant and sequentially meaningful, but also to insure full-time involvement and commitment to a design by the staff. The principles of design discussed here will refer both to exercises and total workshop experiences, with some references made to special workshop issues in the last section.

Ethical Considerations in Design

Ethical considerations in design are not only vital professionally and philosophically, but practically. A design that violates certain ethical considerations rarely works since it creates distrust in participants. It is good to remember that an exercise is an "artificial game" and is a control and structuring of the setting and interpersonal environment of participants. This control is often labelled manipulation, albeit with high-minded intentions. Regardless of the intentions, however, a design has no value in itself. Its value is derived from its ability to teach by isolating and highlighting an issue in human affairs, so that this isolation facilitates learning and deeper understanding of a complex human issue. The exercise itself is artificial; the experience in the exercise, however, is real. The problem is that when one becomes overly interested and invested in a design (either a specific exercise or a total workshop) this relationship becomes confused, i.e., the exercise becomes reality. There is a danger in getting overinvested in our techniques to the extent of obscuring workshop goals and participants' needs.

In designing a frequent by-product is participant failure in a task or at least a failure to perform well on a task, since we are attempting to shake up some myths about how easy it is to be effective in our relationships with people. We often learn more from our failures, however, than from our successes, albeit a little more uncomfortably. Most people can weather task failure if what is exposed is the error of their assumptions about humanity rather than some implied evaluation of their intelligence or worthwhileness. Trainers need to be conscious of this potential issue and be skilled in helping participants process the experience of failure.

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*Contributed by Joyce Paris, M.A., formerly a member of the national TIGER staff and currently an external consultant to TIGER.

In addition, the average participant is naturally somewhat apprehensive as he is entering a workshop culture where the rules and norms are not at all clear. This is not to deny that the trainer is also risk-taking and vulnerable, but trainers have more tools to hide behind than do participants, e.g., the role of trainer itself, assorted magic markers, newsprint, chair arranging, diversions, as well as past experience in and confidence about experiential learning. In one sense, a design can be described as a game played by a somewhat anxious participant in which the outcome is uncertain. A skilled trainer will remember the vulnerability of this position.

Process Time: This is simply the time to diagnose and discuss the experience and elicit learnings generated from the design as well as debriefing and working through feelings engendered by the experience. It is placed here under "Ethical Considerations" because process time is often unintentionally abbreviated by staff who have a tendency to crowd a workshop schedule in their eagerness to provide a rich experience. However, taking the time to process one's experience is the basic design element of experiential learning. The commitment to look at the process is the whole key to experiential learning. Without process time to assimilate and understand an experience there is little value in going through the experience itself. Too many exercises may result in an overload of unprocessed data and consequential confusion for participants. As noted previously, the effective use of process time also allows the participant to deal better with task failures and create learnings and a sense of success out of such experiences.

The need to allow process time is related to the wisdom of allowing enough small group time. The small group may be instructed to process a task or left free to develop its own effectiveness into a learning unit. The internal development of this group is organic and not directly subject to design. However, the design that abbreviates small group time or does not place it strategically in the design mitigates the potential learning in a workshop.

Risk Level: An important dimension of any design is its risk or potential threat level which is usually a function of perceived self-exposure. A fairly easy criterion of how risky a certain exercise is would be to put yourself in a participant's shoes and imagine yourself going through it.

The risk level may be roughly gauged by your own gut reaction. An example of high-risk is the exercise called Lifeboat. (If we were all sinking, who, by virtue of their lack of contribution to this specific group, would be put overboard first, second, etc.) While this is obviously a threatening exercise, used appropriately it can be a powerful tool in assessing how participants feel about various members' contribution to the group.* The exercise has no value unless, through process, the participants can grasp that the assessment is about what they have contributed to a specific group within a specific time frame and not about their worth as a person. This distinction is not easy to communicate in a way that participants can accept the difference.

An example of a low-risk exercise is One-Way vs. Two-Way Communication because most of the participants are receiving instructions on a novel, cognitive task in a position of low exposure. Because it is low-risk and usually generates good humored frustration and it is a building block to more complicated communication processes, it is often used early in a workshop (see Appendix I-e). Note, however, that the communicator may often be embarrassed and experience a sense of failure, and should be supported.

It is a mistake to identify the learning pay-off as consistently tied to the risk level. The learning pay-off depends on a variety of factors such as readiness of participants, relevance of design to purpose, sequencing of other experiences and the imaginativeness of the design itself. In general, exercises based on affect-laden issues such as personal competence, power and feedback are more risky than those that relate to group level data feedback where individual responses are not identified or the sharing of which is optional. Generally, high-risk exercises are best reserved for small groups within a workshop in which participants usually have a greater working level of trust within their own group than for the total community.

There is a tendency for some new trainers to select all low-risk experiences and to underestimate the strength of participants. Unfortunately, with no risk at all, much of the power of experiential learning is lost. For example, giving and receiving personal feedback always contains a note of discomfort as well as excitement. If one wishes to avoid dealing with risk such as feedback, however, one might as well scrap experiential learning and choose an alternative learning model. The legitimate risk level of an exercise is also a function of the goal of an exercise. For example, in designing the workshops on Death and Dying, (Chapter Six), the staff wanted to highlight the human reactions of both anger and guilt at the apparent arbitrary injustice of death. Participants were put into small groups that had "in fantasy" only three days to live, and allowed some time to develop cohesion and intensity. The staff then burst into the room and announced a "management error" and randomly pulled a participant or two from each group. These participants were then put into a survivor's group and asked to process their reactions. The staff was tense and concerned the first time they employed this manipulation. However, the legitimacy of the manipulation was a function of the goal. The intervention has been one of the most powerful and effective experiences in these series of workshops.

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*This exercise sometimes has the effect of pulling a high maintenance-low task group so tightly together that they decide to drown together, a decision that may need revision.

Equal Vulnerability: A sound ethical consideration in design is the principle of equal vulnerability, which means that involved participants are equally vulnerable in the experience unless agreed to otherwise. In a workshop, it is a mistake to allow floating participant-observers or roving guests, even if they are your sponsors. The one exception to the equal vulnerability principle in some respects is the trainer, but this will be discussed in the last section under the caption "Designing for Rebellion (or Resistance)".

This principle of equal vulnerability operates in an equally important way for specific exercises. For example, visualize the classic group-on-group observation exercise without reversing the outside observer group with the observed group in the fishbowl. The failure to reverse the observer and participant group roles violates equal vulnerability and may unwittingly produce a "bad feelings" design in the community. In a recent workshop, the participants, with the best of intentions, but without a clear rationale other than the notion that observation is always good, designed an exercise in which four participants were given the task of observing four groups meeting separately within the community. Their task was then to report what they observed about the individual groups to the total community. This type of unsolicited observer-diagnosing-reporting design is known as "lynching". The observers were astounded when their comments were met with both hostility and rejection.

Group ownership of its own data: This ownership or respect for the privacy of group life does not imply that a group may not willingly decide to share with the community some comments about their group process. (Sharing usually refers to process--how the group is working; not to content--what and who the group is talking about). There is a world of difference, however, between being reported on by outsiders and volunteering the information in one's own words and style. If groups do share their own group's process with other groups it is usually with a protective mantle.

Another example of how this principle of ownership can affect the outcome of a design may be illustrated by a simple change in an intervention exercise designed by the TIGER staff.

Version I: This design consisted of Group A (consultant group) observing Group B (client group) and then retreating to diagnose the issues that were blocking movement in Group B. The next step was to design and implement this design on Group B with the goal of facilitating Group B's growth. Each group in the workshop was both a designing and an observed group by some complicated time shifts, so that the principle of equal vulnerability was maintained. (Appendix I-1, design #3).

Three things became apparent: (a) the diagnosis of a group's issues was generally astute and accurate; (b) the designed interventions were often creative and potentially helpful; and (c) the intergroup anger and resistance generated often lingered throughout the rest of the workshop.

Version II: The above design was unchanged except for a single important factor. Each group was charged to diagnose itself and then to present their self-diagnosis on an important issue to the consulting group, asking for assistance. (Appendix I-1, design #2).

In Version II there may have been some loss of objectivity or willingness to own some issues in their own group. There was a world of improvement, however, in a group's willingness to accept help nondefensively on an issue they had decided was important to them.

Ethical considerations in design are not a set of moral prescriptions superimposed upon the learning process. They are an intrinsic part of the success of the learning process which both protect the integrity of participants and provide the climate in which they can drop those defenses which inhibit learning.

Structural Consideration in Design

Goal: The goal of the design is the first structural consideration. It provides the raison d'etre of the design. When the participants have experienced the intervention they will have had a chance to learn something about the issues related to the goal.

Considering these issues is also the first way to build a new exercise. For example, in designing an exercise with the goal that participants learn something about the ramifications of competiveness between groups, the first step is to analyze under what conditions will groups compete with one another. This first step analysis, however, is not the most difficult part of designing. The difficult part is to design an exercise that participants can manage within a laboratory setting. "Manage" refers not only to time and available resources but to the level of readiness at which participants can profit from an experiential intervention. The design should have enough interest to create excitement, but not be so loaded as to create confusion or chaos. If too much happens, it becomes impossible to track and process the experience. Ideally, it is helpful to pretest a new design on a practice group when such a group is available. The alternative is to make some sensitive, educated guesses on how people are likely to react in a laboratory setting and then test and discuss your idea with a fellow trainer who has no investment in the design and can serve as a good "devil's advocate."

Content: Many effective exercises are based on content of back-home situations or simulations of such situations. Exercises based on back-home content lend greater credulity to the task and therefore may be a wise choice with some groups. However, back-home content exercises do not always illustrate the underlying issues you are attempting to surface. They may also have the disadvantage of being too "close to home" so that participants may get tangled up in intense affective issues that may block new learning. Exercises that do not include back-home content, while appearing less relevant, have the advantage of freeing participants from prior knowledge and roles so that a fresher view of such things as one's behavioral style or other critical issues may surface more clearly. For example, team building issues may be best demonstrated by a Group Painting (IV-e-1 through 4) or building towers out of children's Tinker Toys. Consequently, the job of a trainer is either to seek a balance between emotionally involving content and more"distant," not so relevant content, or make a choice of one or the other. Content-based exercises are usually more functional during the latter part of a workshop to enable participants to incorporate new learnings in a more skillful problem solving of real back home material.

Participant Involvement: A good design utilizes the largest number of participants in an active learning situation. If, in your design, you find yourself with a number of leftover participants for whom you need to dream up tasks that will keep them busy, consider starting over with a modified or new design.

Clarity and Simplicity: A good design probably needs to be simpler than one would first plan. Design becomes ineffectual when there is a lack of clarity and ability to retrieve and process what happened. Frequently, designs are ineffectual because they are too complicated. The belief that a "sophisticated," complicated design is "better" than a simple one contributes to this problem. An effective design can be a one-line question or a simple rule to guide discussion (e.g., paraphrasing). It is more difficult to create a simple design that is effective. It is important to remember that experiential learning involves feelings as well as ideas, and even the most intelligent participant will walk around slightly clouded at times. If you do select or create a complicated design such as the Power Spectrum (Appendix I-j) or What Workers Want (Appendix I-k) your mastery of the tracking mechanisms (rating sheets, graphs, etc.) need to be clear and well practiced. You may also need additional staff members to implement it well.

The same need for clarity applies to the instructions for an exercise. It is thoroughly amazing how participants, perhaps because of fatigue and a clouded affect, confuse even the most simple instructions in a laboratory setting. People are least interested in learning "How to follow instructions," so that the instructions need to be clearer than in other settings. The use of newsprint or handouts to supplement verbal instructions is generally desirable. Confused instructions may increase the natural resistance to participating in any exercise to irritation and anger. As a consequence, any potential value to participating in the exercise is lost or rejected by participants.

Role-Playing in Design: A classic structural intervention in design is role-playing. It works so well that it is often either the first choice or the last desperate choice! In large groups role-playing in dyads and triads usually works very well because it involves all participants. The problem is that in a large workshop (40 participants) one needs a good mechanism to track all the data that are generated from 12 to 20 simultaneous role-plays. This tracking mechanism is handled well in an exercise such as Cousulting Trios (Ch. III, Tuesday Schedule) because of the shifting observer role. In the Power Spectrum (Appendix I-j) all the participants are involved in three different role-play interactions demonstrating three supervisory styles: Authoritarian, Democratic, and Laissez-Faire. The tracking of role-plays is provided by individual ratings for each interaction. These ratings are collected, summarized and graphically displayed for feedback to all participants.

Rather than involving all participants in active roles and devising a tracking mechanism, the beginning designer is tempted to assign several participants as actors in a group role-play, using the rest of the participants as observers. This design is basically a play and rarely works except as a play. The problem is that with only prescribed roles, the theatrical setting stimulates hamminess and competition so that it is difficult to control the simulation of the basic idea. Even a straight role gets overplayed, and the result is usually hilarity and stereotyping. If fun is the goal, the design is legitimate, but as a learning mechanism it breaks down.*

Methods and Criteria for Judging the Outcomes of a Design: In designing an exercise, an often overlooked component is "What methods and criteria do you use for judging whether or not the hoped for outcomes were met?" The method may be a simple one such as a process discussion or a diagnosis of what happened. The inclusion of some evaluation tool or success measure, however, is a firmer springboard for productive processing. Thus, after the Paraphrasing Exercise (Chapter Two, Monday afternoon schedule), the outcome may be a discussion about the difficulties of both speaking and listening accurately. In other data-based exercises such as What Workers Want (I-k) and One-Way vs. Two-Way Communication (I-e), the outcome is judged by the data generated by the exercise itself and gives you a firm bases for processing.

The methods and criteria for judging the outcome of a design appear to be an obvious consideration. These criteria are not easy to devise or anticipate and are often overlooked. Recently, a group of TIGER trainers had the task of designing an exercise to illustrate group cooperation and productivity. They looked at some of the conditions that create group solidarity and productivity such as common threat from the outside, a pressure or urgency to complete the task, or a strong identification bond within the group. The designing group gathered the rest of the community and gave the following task:

> As TIGER trainers your task is to respond to a threat from Central Office (a telegram was read) to cut off all TIGER funds and support. You have one-half hour to decide how to counter this threat.

The participants went about deciding upon the method to counteract the threat (a written counter-proposal and action plan) with great zeal and productivity. When the half-hour was up the group had produced a proposal, but the design had no real method or criteria for judging the outcome or for measuring success. As a consequence the exercise started with a fine beginning but ended somewhat lamely with a humorous intervention (a mock figure from Central Office). The designing group did, however, follow the exercise with a good lecturette discussing the conditions that create group cooperation. What was a good demonstration could have been a fine exercise if it had included a method for judging the outcome of the design. A simple vote by participants on whether or not cooperation existed and whether or not an effective countering proposal was produced would have allowed the participants to better process and understand their experience and how to improve their performance. The method in this case would be the vote (self-perception). The criteria would be the percentage who experienced the learning. Perhaps, in this case, content was too near reality so that it was difficult to devise methods for judging the outcome.

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*Group role-play should not be confused with psychodrama which follows special techniques, utilizes a director and is directed toward the growth of one principal (or protagonist).

In summary, it may be helpful to look at how a simple exercise can fulfill all the structural components in a design and also, by changing one element, you may create an entirely different outcome.

> The flying object: You, as a community, working within your small groups, have the task of building a flying object. You have one hour in which to complete this task. Each group will produce approximately one-fourth (4 groups) of the final product. We would suggest that you use the first 15 minutes in community to design the object and assign the responsibility for producing parts of the object to each group. During production time, although you will work in separate rooms, you may wander freely from group to group to check and revise your work with other group members.
>
> Goal: 1. Community and intergroup cooperation.
>
> 2. Produce an object that flies.
>
> Related Issues: Interdependence for success; common purpose; task and goal defined; and open, free communication set up.
>
> Content: Production is real, the product unreal.
>
> Participant Involvement: Everyone
>
> Clarity and Simplicity: High
>
> Method for Judging Attainment of Goal #1: Ask people to rate if they experienced a sense of community and intergroup cooperation.
>
> Method for Judging Attainment of Goal #2: Trying to make the object fly.
>
> Criteria for Attaining Goal #1: People report a sense of community and intergroup cooperation.
>
> Criteria for Attaining Goal #2: The object flies.

In order to change this exercise into one that guarantees failure (the object doesn't fly and people do not experience a feeling of community) and to illustrate the importance of issues related to the goals, you can omit the instructions establishing the norm of open communication (this happened by trainer default once and the groups never got out of the planning stage). You can also establish a formal, rigid manner of communication such as "During work time you may not communicate with other groups except through an appointed liaison person. You may change this person's role if you feel he is not being an effective communicator, but you may have only one representative in another production group at one time." Establishing these arbitrary communication modes, not foreign to some organizations, almost guarantees that the object will never get off the ground in the allotted time.

The Workshop: Some Specific Design Issues

The "designing" staff: A reasonable method in designing a workshop is to gather the staff and begin by a general discussion the goals of the upcoming workshop. Included in this discussion will be some educated guesses about the learning expectations of participants, their motivation and their understanding or experience with the laboratory method. Sometimes a need assessment is collected from participants and will need to be organized and incorporated into your design.

After this discussion has become somewhat circular for about one hour, it is tempting to volunteer to design the workshop by yourself! The larger the staff, the stronger the temptation. There is no question but what a competent trainer can design a workshop in a fraction of the time it takes a total staff to do it. But proceeding by oneself not only neglects the resources of the staff, but almost guarantees a flatter staff performance in the workshop. People support decisions they are involved in, especially those that involve public performance. In addition, one of the main purposes of designing with a staff is to build staff relationships. A good team relationship in staff planning makes a great difference in how a workshop plays out.

To repeat, as the discussion of the goals and the nature of the participants becomes more and more redundant and everyone has had some air time to express their redundancy until there is a feeling of mutual inclusion in the air, it is most helpful, at this time, to mark off the designated lunch and coffee breaks on the newsprint. If this move is accompanied by an air of relief in the group, the readiness point has been reached.

The next decision may be the nature, size, and the approximate amount of time to be spent in small groups. At this point, it may be helpful to consider maximizing the opportunities for participants to interact with each other (total community group) and, at the same time, to retain the potential for these interactions to be meaningful. In addition to the community group and ongoing small groups a workshop may include some experiences in new groups, trios or quartets.

Once the arrangement of participants is tentatively settled the consideration of Flow of the design is a good next step. Not only does the content of what you are teaching have a flow or build upon itself, but the actual movement within the workshop should have the variety and balance to facilitate learning. When you, as a planning group, have finished revising and consolidating your design (this may take several sessions), you will probably be struck with a second temptation: to use the design for all future training events you are involved in, handing it neatly typed to any new staff. Unfortunately, this rarely works for the reasons that have been mentioned. The energy and bonding that goes into creating or remodeling a design with a staff affects the implementation of the design in the workshop,

One of the last steps is to assign implementing responsibility to staff. In general, trainers are a show business lot and it is wise to share the implementation by considering unique individual resources. It is also prudent to be wary of any staff member who disclaims a need for up-front performance and relinquishes his opportunity for leadership. There may be a tendency for this person to develop a late-blooming anger about his role in the workshop.

Designing for rebellion (or resistance): The resistance of participants before or during a workshop may be handled more effectively by trainers if resistance is not assumed to be a reflection on trainer competence. Resistance is not an isolated phenomenon, but comes embedded in other factors such as background of participants, expectations about the workshop, the workshop setting, etc. Resistance may also be a reaction to trainer behavior. Therefore, probably one of the most important skills a trainer needs is to be able to admit error to a large group of people. (It helps to assuage the pain to think of this as good modeling). It is somewhat of a paradox that you are safest from attack when you are open.

There are two rather classic occasions when strong resistance or open rebellion are most likely to occur. The first occurs in the very beginning of a workshop when you are working with a group of participants who have been volunteered or have some very negative notions about the upcoming experience. Your design can well address itself to this resistance without becoming an apology for experiential learning. You can even legitimize their resistance since it is usually an expression of here-and-now feelings. For example, after a general introduction, you may want to surface the fears, concerns, and hopes about the workshop and have participants share and examine them. Addressing resistance as a legitimate problem to be understood may reduce resistance since they may feel that their feelings have been acknowledged. In many instances resistance expresses a pessimism about human affairs that is difficult for most people to maintain in a setting that is supportive and with other people who are not resistant.

The second classic point for rebellion frequently emerges about three-fourths of the way through a workshop. Participants may be expressing some intuitive group level need when they choose the three-quarter point to rebel, because enough time has passed to justify their position yet leaving sufficient time for reconciliation and mutual success.

The resistance may be covert and passively blocking (lateness, a playful blocking of the format, an exhaustive excessively detailed discussion about a room or a meeting time) or it may be overt with spokesmen on their feet to stop the action. At this point it is wise to find out whether or not this resistance reflects general community feeling. Sometimes this assessment in itself is sufficient and the community decides to continue, perhaps because the right to resist has been recognized. However, if the resistance is more widespread the only appropriate response is to allow your beloved design to be put aside and listen to the participant's needs. One of the paradoxes of the laboratory method is that while you are selling such human values as participatory decision-making, expression of feeling and democratic involvement, you are often behaving like a circus trainer, cracking the whip of instructions, calling time, and generally ordering people around (this style is described by Charles Seashore as "Permissive Fascism"). The more structured and complex the design, the more this is true. In addition, you have not been equally vulnerable in the workshop. Therefore although you may have clutched in your eager hand the best learning instrument possible, it is wise to drop it and allow the participants to influence the design or modify the next module of time.

What often happens is that the expressed needs of the participants are so diverse that the emerging design is often a hastily arranged "free university." The intervention that results may or may not be productive but the process of shifting responsibility to the participants so that the design is a joint product of staff and participants is usually productive and fresh cooperation emerges.*

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*This concession to rebellion may not be suitable for a workshop with a firm mutually agreed upon learning contract such as a workshop on Choice and Responsibility. However, the learning contracts set for most experiential workshops are not of the kind in which refusal to recognize rebellion is an intelligent educational move on the part of the staff.

In addition to changing a design in response to resistance, there are other factors in implementing a workshop which may indicate that redesigning is necessary. The training staff needs to be alert for signs of participant confusion, boredom or fatigue so that, if necessary, they may modify or change the format. This emergent designing is no doubt difficult and tiring for a staff that has usually worked very hard. However, these changes have often made the difference in pre-planned work having a productive organic quality.

Conclusion

In conclusion, to understand design is to understand experiential learning. An effective design represents an intrinsic consideration of the ethical issues that foster a nondefensive learning environment and is structured to most effectively and clearly guide an educational experience within that environment. As your understanding and repertoire of structural interventions increase, you will be better able to adapt old training exercises to here-and-now emergent needs and design new interventions appropriate to the goals of particular training experiences. Design is not a separate or isolated skill in training, but is fundamental to both understanding training and providing a meaningful educational experience.

CHAPTER SIX

DESIGNS FOR SPECIAL PURPOSES

Introduction

In this chapter several workshops designed for specific purposes are described. The first is a Supervisory Skills Workshop conducted at the Houston VAH for hospital personnel. The second and third designs were conducted at the Regional Medical Education Center (RMEC) in St. Louis. The first RMEC workshop started with Team Building and moved into Intergroup Relations; the second began with Team Building and phased into Working with Long-Term Chronic Patients. The next design describes a workshop on Death and Dying which was conducted at the RMEC in Salt Lake City. The last design outlines a program for teaching problem solving skills.

Workshops designed for different purposes frequently contain elements in common. These elements may represent a core of learnings that are basic building blocks for developing process skills or a process orientation that is a prerequisite for other learnings in the workshop. In designing for a workshop the trainers need to ask, "What are the skills and conceptual tools needed by the participants to enable them to profit most from the potential learnings in the workshop?" For example, the learnings to be abstracted from an intergroup conflict situation would be minimal if participants did not have some process skills and relevant concepts to help them "see" what is going on and thus take more effective action to resolve the conflict. In dealing with human relations issues the emotions sometimes aroused when participants feel exposed, vulnerable, or defensive frequently cloud their perceptions and temporarily decrease their ability to benefit from the situation in terms of learning. Participant-observer skills and concepts relevant to the issues at hand enable participants to diffuse, objectify, and manage the interpersonal, group or intergroup processes so that the inherent learnings become more available to them.

One element common to many designs is communication. Communication skills such as those involved in Listening and Paraphrasing and One-way vs. Two-Way Communication are basic skills for understanding one another whether it be in a group, on a treatment team, or between supervisor and subordinate. Diagnosing how a group or team is working together is an important skill for helping team members process how effectively their own group is functioning and to develop action plans for improving its effectiveness. Workshops which utilize groups as their primary learning unit will contain elements for studying small group behavior. Every workshop which has improving interpersonal effectiveness as one of its goals needs to include elements on giving and receiving feedback in order to facilitate how one learns the effect of one's behavior on others and the reverse. Lastly, learning about one's own interpersonal or leadership style is a relevant element to a supervisory skill or management workshop as well as a basic human interaction training laboratory.

One can expect, therefore, to find these elements, in one form or another, in workshops with different names but which have a common base that is concerned with interpersonal competence and work team (or organizational) effectiveness. Different workshops will then build on these core elements in directions specified by their primary objectives, e.g., motivation of employees, diagnosing performance, performance evaluation methods, and helping relationships for workshops on supervisory skills. In the designs described on the succeeding pages, elements common to the workshops on supervisory skills and team-building (e.g., "What to Look for in Groups) are described more fully in the basic TOT workshop schedules in which these exercises also appear. These basic elements (exercises) are referenced appropriately.

DESIGN 1:

DEVELOPING SUPERVISORY SKILLS WORKSHOP

MONDAY

8:30-9:00 General Session: Introduction

Total group is assembled and housekeeping schedule, etc. explained. Folders with Development-Group (Appendix I-a) Rosters and Aims of Seminar are distributed. (The vertical lines following many of the sessions indicate the handout material for that session.) Three brief orienting theory lecturettes are presented.

Theory:
1. The World of Work Today (Appendix IV-a)
2. Aims of the Seminar (Appendix IV-b)
3. Laboratory Method of Learning (Appendix B)

| Face Page
| Aims of Seminar
| Laboratory Method of Learning

9:00-10:15 Microlab & D-Groups

A brief ice-breaking Microlab is introduced to provide D-groups with some data for their initial meeting. D-Groups mill around in their own section of the room.

7" Paring within D-Groups: Each person selects another person on the basis of not knowing the person previously and any other criteria they might choose. Pairs then share the reasons why they picked each other.

12" Interviews: Each partner of the pair interviews each other to obtain information that would help to know the other as a person. Partners do not volunteer information while they are being interviewed.

6" Perception check: Partners now share information that was not asked for but which they felt was important for the other person to know about himself/herself. They also shared their perceptions about the questions asked which they felt were not important to get to know them as persons. The idea is not that there are right and wrong questions, but which ones are seen as important to each person for the purpose of the interview.

45" D-Groups: The D-Groups meet as a total group for the first time. The task is for each individual of a pair to introduce his or her partner to the D-Group using a brief statement or two which captures the essence of the interview in terms of helping the group to know that individual as a person. The person being introduced can add or modify the introduction if he or she is not completely satisfied.

10:15-10:30 Coffee

10:30-10:40 Communication Skills

One theory session and two structured exercises comprise this module. The module comes early in the workshop because communication skills are the building blocks for other human interaction or leadership skills. Participants are also given an opportunity to share supervisory problems at the hospital.

1. Theory: Four Levels of Communication (Appendix I-d)
   a. Intrapersonal
   b. Interpersonal
   c. Intragroup
   d. Intergroup

10:40-11:40 2. Exercise: Listening and Paraphrasing

D-Groups are split in half for this exercise and meet separately - spaced around the large general session room. See Chapter Two, Monday afternoon schedule, for purposes and instructions.

30" Task: Discuss supervisory problems at the hospital.

Process: Paraphrasing content of what previous speaker has said.

15" List barriers to listening and understanding in the speaker and the listener on newsprint.

10" List supervisory problems on newsprint.

11:40-12:40 Lunch

12:40-1:30 3. Exercise: One-Way vs. Two-Way Communication

The total workshop assembled in general session and one volunteer communicator was solicited. For goals and instructions, see Chapter Two, Monday afternoon schedule, and Appendix I-e.

Two-Way Communication
Diagram of Rectangles
(needed for exercise but not for handout)

1:30-3:30 Exercise: Group Observation Skills

The four D-Groups are divided into two pairs of groups for the exercise. The goal of the exercise is to provide groups with a strong process orientation and conceptual tools to help them develop their own D-Groups. For purposes and instructions see Chapter Two, Tuesday morning schedule and Appendices I-h-1 and I-h-2.

15" Preparation Task: Individuals in Groups A & C individually rank the items in Scott Hospital Problem #1. Individuals in Groups B & D individually rank the items in Scott Hospital Problem #2. Do not discuss or share these rankings.

30" Theory Presentation: What to Look for in Groups. (Bring coffee to group settings)

Group Observation Schedule:

20" Group A(C) observes Group B(D)
10" Group A(C) gives feedback to Group B(D)
5" Group B(D) responds to Group A(C)

20" Group B(D) observes Group A(C)
10" Group B(D) gives feedback to Group A(C)
5" Group A(C) responds to Group B(D)

What to Look for in Groups
Scott Hospital #1 & #2

3:30-4:30 D-Groups: Goal Setting Prescriptions

Group members are asked to discuss what it is that they want to get from their D-Groups. They are also asked what it is that they are going to give to their group. Group members then identify behaviors they would like to try out, practice, develop, modify or drop, and about which they would like ongoing feedback.

The Development Group
(Appendix I-a)

TUESDAY

8:30-9:30 D-Groups: Goal Setting Prescriptions, continued.

9:30-12:30 Role Play Exercise: The Power Spectrum

The total workshop is divided in half (e.g., Groups A & B vs. C & D) and assigned the roles of Supervisors and Subordinates. The role play consists of pairing different supervisors and subordinates for three interactions in which they have a joint task to perform. Supervisors, alone, are assigned three different leadership styles to play (unknown to the subordinate): Democratic, Autocratic, and Laissez Faire. Data are collected from each interaction, summarized on a bar chart and discussed in general session after completion of the last interaction and "buzz" groups. For detailed instructions and purposes see Chapter Two, Tuesday evening schedule, and Appendix I-j-1 through I-j-11.

Work Lists 1, 2, 3
Rating Scales
Tabulation Sheets
Theory paper: Power Spectrum

12:30-1:30 Lunch

1:30-4:30 **Exercise**: "What Hospital Workers Want"

The goals of this exercise are to:

(1) Examine group decision styles and member satisfaction;
(2) contrast the effectiveness of individual vs. group decisions and utilization of group resources;
(3) look at the motivation of employees and how to get better performance.

For more detailed instructions see Chapter Two, Wednesday morning schedule, and Appendices I-k-1 through I-k-7.

Outline of Schedule:

1:30-1:45	Introduction: Individual Rankings
1:45-2:45	Group Decisions: Agreement on Rankings
2:45-2:50	Post Meeting Questionnaire (PMQ)
2:50-3:05	Coffee, data tabulation on P.M.Q.
3:05-3:30	Process P.M.Q.: Group satisfaction and decision styles
3:30-4:00	Data analysis of accuracy of ranking scores, Group vs. Individual
4:00-4:30	Theory Presentation:

(1) Utilization of group resources.
(2) Assumptions about human nature (I-k-6).
(3) Maslow's hierarchy of needs (I-k-7).

What Hospital Workers Want
More of
Post-Meeting Questionnaire (PMQ)
Theory papers (if any)

WEDNESDAY

8:30-10:00 **Exercise**: Performance Appraisal - Supervisor-Subordinate Relations.

The purpose of the exercise and attendant theory is to help participants examine the processes of diagnosing performance from both supervisor and subordinate perspectives. Some of the items that will be focused upon are: looking at some of the factors underlying performance, doing an adequate diagnosis before attempting to solve the problem, and looking at different styles of performance appraisal in terms of shared responsibility.

Outline of Schedule:

8:30-8:50 Introduction: D-Groups are divided into trios to decide upon role assignments: Mac Morgan, the supervisor; Dave Stubbins, the subordinate; and an observer. Like roles then get together to be briefed and familiarize themselves with the roles and the situation. It is important that there be no sharing across roles as to content of role instructions (Appendix IV-c-1).

8:50-9:20 Role Play: Trios reassemble and supervisor and subordinate act out their roles while observer watches interactions and takes notes. The purpose of the interview is to get some clarity on their mutual problems. The actual role play continues for 15 minutes and the remaining 15 minutes is spent in processing with the observer.

9:20-10:00 General Session: The trainer collects information from participants on what Mac and Dave did that helped and hindered the interview. This information is listed on newsprint in the following format:

	That Helped	That Hindered
What Mac did		
What Dave did		

Theory Presentation:

(1) Issues in Diagnosis (Appendix IV-c-3)
(2) Force Field Analysis in Diagnosis (Appendix IV-c-2)
(3) Jo Hari Window in Diagnosis (Appendix IV-c-3)

Briefing Sheet for Mac Morgan
Briefing Sheet for Dave Stubbins
Observer's Guide

Theory: The Importance of Diagnosis in Improving Performance (Appendix IV-c-3)

10:00-10:15 Coffee

10:15-11:45 Exercise: Helping Styles (Two Consultant Styles)

The purpose of the exercise and attendant theory is to help participants examine the effect of different styles of helping or consultation upon the receiver of help (the client). In addition, participants get practice in consulting on real life problems. For other helping relations exercises see Chapter Two, Tuesday afternoon schedule and Appendices I-i-1, 2, & 3.

Outline of Schedule:

10:15-10:20 Introduction: A brief outline of the exercise is given.

10:20-10:30 Divide D-Groups into trios and/or quartets (depending upon number of group members). Participants choose roles of Client, Consultant I and Consultant II. If quartets are used, an observer can be chosen (Appendix IV-d-1).

10:30-10:40 Like roles meet separately and are briefed by the trainers. The client, who selects a real problem, spends this time organizing his problem into a 5-minute presentation. Trios (quartets) regroup.

10:40-10:45 Client presents problem to consultants.

10:45-10:55 Consultant I consults, Consultant II observes (with observer if present) using analysis sheet as an observation guide.

10:55-11:05 Consultant II consults, Consultant I observes (with observer if present) using analysis sheet as an observation guide.

11:05-11:20 Process Time

(1) Client gives feedgack on help from each consultant.
(2) Observers share feedback.
(3) Discuss the two consultant styles and the consequences of each style.

11:20-11:35 General Session: Collect data from participants and put on newsprint in the following format:

	What Helped	What Hindered
Consultant I		
Consultant II		

11:35-11:50 Theory: Helping Relations (Appendix I-i-2)

Instructions for Client
Briefing for Consultant I
Briefing for Consultant II
Analysis Sheet
Theory: Principles of Consultation (Appendix IV-d-2)

11:50-12:45 Lunch

12:45-3:00 Exercise: Intergroup Relations - Group Painting.

This exercise has two phases representing two goals. Phase I: The Group Painting represents a team building goal in which participants can interact through a medium in which verbal participation is less critical as a means of exerting influence (Appendix IV-e-1). Phase II: The Intergroup Relations focuses on dynamics of groups interfacing (in this instance, in competition) on some issue. For more detailed discussion see Appendix IV-e-1. The outline below takes more time than allowed in the workshop schedule. The complete exercise is presented for the benefit of trainers who may want to use it in its entirety. To fit the present time schedule parts can be eliminated.

Outline of Schedule:

10" Introduction (Appendix IV-e-2).

10" Instructions: Participants are instructed to create a group painting which represents their group as they see it now. There are three criteria: that the painting be (1) a group project; (2) original, and (3) beautiful. Material is made available for the groups to pick up, i.e., large newsprints, boxes of poster chalk, and large crayons.

35" Group Painting: D-Groups return to group rooms to begin the project.

10" Sociometric: Upon completion of the painting group members fill out a sociometric instrument (Appendix IV-e-3) and an Observation Guide is distributed (Appendix IV-e-4).

15" Discuss Observation Guide in D-Groups.

15" Discuss Sociometric Chart. This chart is constructed either by the group and the trainer or the trainer alone. Trainer may construct chart while group is processing the Observation Guide.

5" Hang painting in general session room with D-Group identification clearly visible.

10" Each D-Group select one or two representatives and brief him/her on all paintings. These representatives will later have to decide which D-Group painting is best.

Observation Guide
Rating Scale (Flowers &
Onions)

Intergroup Phase:

10" Establish ground rules (see Appendix IV-e-5)
15" Representatives discuss painting
10" Poll representatives through a secret ballot. Read results aloud (usually a tie). This ballot is not binding as a decision, it is a poll. Pass out rating scale to all group members to complete (Appendix IV-e-6). Other trainer(s) prepare chart.
10" Continue representatives' decision-making discussion
10" Optional: Ballot all groups if data reveal deadlock, trainers can present input on win/lose strategies.

If data reveal one or more conversions to other group's painting, winner may be determined. If there is not a clear winner, return to representatives.

10" Representatives continue discussion to break deadlock.

5" Break deadlock by methods discussed in Appendix IV-e-5.

30" Present data from Rating Scales. D-Groups then retire to group rooms to process questions in Appendix IV-e-7. After 15 minutes present D-Groups with theory paper (Appendix IV-e-8) to draw comparisons.

3:00-4:00 D-Group

4:00-4:30 General Session: Theory Presentation on Giving Feedback (Appendix I-n)

Until this time participants have been exchanging feedback through structured and unstructured interactions. Giving feedback effectively has been mainly through trial and error. The purpose of the lecture is to provide guidelines for giving feedback in a way that minimizes the receiver's defensiveness and maximizes the usefulness of the feedback.

Lecture on Feedback

THURSDAY

8:30-9:15 Exercise: Diagnosing Your Work Unit

The purpose of this exercise is to give participants an opportunity to diagnose their own work units in terms of how they see it as it is now and how they would like it to be. There are a number of diagnostic instruments for sale and in the literature. One such instrument is Rensis Likert's Management Diagnosis Chart.* Instruments can also be constructed using dimensions which are relevant to the situation, e.g., communication, decision-making, leadership style, motivation, problem-solving, etc.

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*Dr. Rensis Likert; Foundation for Research on Human Behavior;
P. O. Box 1248; Ann Arbor, Michigan 48106

Participants indicate on each scale where they see their work unit as it is now, and where they would like to see it by marking an "N" for now and an "L" for "like it to be."

9:15-9:45 Theory: Management Systems--describes Autocratic, Consultative, Democratic, and Laissez Faire styles of management.

9:45-11:30 Participants regroup based upon discrepancies (large differences between the way things are and the way you would like them to be) along dimensions that they have in common. They are then instructed to design back-home projects based on these discrepancies.

11:30-12:30 Lunch

12:30-1:00 General Session: Theory--Styles of Influence

The goal of the presentation is to provide an orientation around six leadership styles: Autocratic (HL), Logical Thinker (HM), Friendly Helper or Peacemaker (LH), Moving Target (MM), Laissez Faire (LL), and Democratic (HH). These styles reflect two major concerns in varying degrees: concern for task and concern for people. For example, the Autocratic style reflects high concern for task and low concern for people (HL). See Appendix I-o-2. These styles are used for feedback to group members. The feedback gives participants an opportunity to see themselves as others see them and to compare self-perceptions with the perceptions of others. (For other feedback sessions see Chapter Two, Thursday afternoon).

1:00-1:30 Group members rate every other group member (including self) according to their perceptions of their style of influence on two dimensions: participation and decision-making. Participants are asked to cite behavior, when possible, to support ratings. The letters H (high), M (moderate), and L (low) are used on the rating sheets (Appendix IV-f) in pairs as indicated above, e.g., HL for Autocratic, HH for Democratic, etc.

1:30-1:45 Instructions for feedback session:

(1) Refresher on feedback guidelines is given - descriptive, nonevaluative and specific.

(2) Time: Roughly estimate division of time to include each group member, e.g., 2:00-4:30 - 10-person group equals 15 minutes per person. If participants cannot finish continue feedback in the morning. Be sure to get some kind of response from everyone. To cut down on repetition, people can say they agree with so and so on a specific behavior rather than go into a description of that behavior.

(3) Don't play the "letters game." Give examples whereever you can.

(4) Options:

  (a) Persons present "self" in terms of the style they identified with - then hear from others. Group then moves to next person, and so on until complete.

  (b) OR person hears from others first, then shares self view.

(5) Look at similarities and differences between:

- how you see yourself and how others see you;
- how different group members see you;
- your here-at-the-workshop and on-the-job behavior.

Styles of Influence Rating Sheets

1:45-2:00 Coffee

2:00-4:30 D-Groups - feedback session

FRIDAY

8:30-9:30 D-Groups continue feedback session.

9:30-1:20 General Session: Exercise, Jo-Hari Window

The purpose of the exercise is to enable participants to look at how open they were in giving and soliciting feedback during the Styles of Influence feedback session. They are also given an opportunity to explore the forces in themselves and in the environment which inhibit and facilitate their openness.

30" Theory presentation: "The Jo-Hari Window: A Model for Giving and Receiving Feedback" (Appendix I-p-1). During lecturette participants are given instructions on how to draw their own windows on a blank Jo Hari Window Self-Rating form (Appendix I-p-2) based on their feedback session.

40" Trios or Quartets: Participants pick up coffee and return to D-Group rooms to divide into trios or quartets. Members of the subgroups share their windows and compare their self-ratings as to how the other members of the subgroup saw their openness in giving and soliciting feedback.

40" D-Group

1. Trios and quartets share feedback they received with total D-Group.

2. Participants identify forces within themselves and in their back-home situation which inhibit and facilitate the exchange of feedback.

Theory: Jo-Hari Window: A Model for Giving and Receiving Feedback.
Self-Rating Jo-Hari Window

11:20-12:20 Lunch

12:20-2:30 D-Groups: Exercise - Behavioral Prescriptions

The purpose of this exercise is to give each participant some concrete suggestions of what behaviors the D-Group thinks would be useful for each group member to work on after the workshop experience. The prescriptions are summary statements of the feedback received during the workshop.

Instructions:

1. Each participant takes a turn leaving the group room with a 5 x 8 card. On this card he or she writes their own behavioral prescription, i.e., one two, or three behaviors they think they need to

continue to develop.

2. During their absence the group discusses the missing member and writes one to three behavioral prescriptions for that member, based upon the group's shared perceptions of what they think would be useful for that member to continue to work on or develop. The name of the missing member is written on the card and the card is turned over.

3. Upon completion of the prescription a second member leaves with a 5 x 8 card and replaces the first member who returns to the group. The second member writes his or her own prescriptions while the group discusses and writes a group prescription for the missing participant. The second prescription is identified by name and placed with the first one.

4. This procedure is repeated for every group member, taking about 10 to 15 minutes for each group member. Each time the group prescription is identified by name and placed with the others.

5. Upon completion of all prescriptions the group prescriptions are distributed to group members. They can then ask for clarification and compare the group prescriptions with their self-prescriptions. It is important that every participant be absolutely clear about what the group prescriptions mean.

| 5 X 8 Cards

2:30-2:45 Coffee

2:45-3:15 Evaluation: Each workshop participant completes an evaluation instrument. Identifying yourself by name on the instrument is optional.

| Evaluation Form (Appendix IV-g)

3:15-3:45 Wrap Up.

Summary of concepts is reviewed and suggested readings offered. Suggestions for follow-up activities are discussed.

| Summary of Concepts (Appendix IV-h)

DESIGN 2:

THE HEALTH CARE DELIVERY SUPPORT FUNCTION:

Developing Intra-Hospital Relations

R.M.E.C.

Jefferson Barracks Division of the St. Louis VA Hospital

Phase I: Team-Building

TUESDAY

8:30-8:45 Welcome: RMEC representative and the Director, VAH, St. Louis, MO;

Pretesting Packet distributed.

8:45-9:00 Introduction: Goals of workshop and brief overview of experiential learning.

9:00-10:30 Work Groups:

15" Introduction:

a. Participants are asked to identify their own resources by considering the question "What do I do well that would contribute to a group?" Think of past groups, meetings, conferences, etc. that you have attended and what you felt was your major contribution. Use this statement as a way of introducing yourself to your group.

b. Join your group by checking the roster posted on each corner of the room. If your name appears on a roster, take a seat. Once your group is completed and settled, begin the introduction.

Group Task: Each group is to identify resources and develop a list on newsprint around the topic of:

-Groups A & B: What are some things the support team could do (are doing) to decrease the effectiveness (mess up) of the direct treatment team?

-Groups C & D: What are some things the direct treatment team could do (are doing) to decrease the effectiveness (foul up) of the support team.

5" a. Each group member, individually, writes down three items.

40" b. As a group, using the individual items as a resource pool, list seven items, through group agreement, on a newsprint and keep.

25" Process: Participants complete scales on inclusion, commitment, resource utilization, and quality of product (PMQ). Tally data on newsprint chart and feed back to group. One trainer for each group. (Prepare blank charts before workshop).

Focus on how to increase the above dimensions.

Postmeeting Questionnaire (PMQ)

(Appendix IV-i)

10:30-10:45 Break

10:45-11:15 Theory: "What to Look for in Groups" (Appendix I-h-1) Use examples from previous group meeting where possible.

11:15-12:30 Group Observations:

Task for working group: Rank order items developed previously on newsprint. List from "1" (most effective way to decrease other team's effectiveness) to "7" (least effective way to decrease other team's effectiveness).

Task for observing group: Each member is assigned a section of the observation guide "What to Look for in Groups" and to use those items as a guide for observing the working group.

20" Groups A(B) observe Groups C(D)

15" Groups A(B) feedback to Groups C(D).

10" Groups C(D) respond to feedback.

Reverse Groups

20" Groups C(D) observe Groups A(B).

15" Groups C(D) feedback to Groups A(B).

10" Groups A(B) respond to feedback.

What to Look for in Groups

12:30-1:30 Lunch

1:30-2:00 Work Groups:

Task: Process group observations in individual groups. Caution groups not to continue content discussion. Trainer in Group.

2:00-3:30 Identifying organizational norms:

15" Theory: Organizational Culture/Norms (Appendix IV-j).

Task:

30" a. Each group identify norms in a VA Hospital setting - regardless of whether or not they help or hinder you in doing your job effectively. List on newsprint those norms which are generally agreed upon by the group.

15" b. When task "a" is complete, identify those norms which are visible (formal) and those norms which are not so visible (informal) by marking a "V" or "NSV" opposite the items where appropriate. Alternate: Norms which facilitate or hinder a climate of openness and creative problem-solving, mark "F" or "H".

c. Prepare a two-minute summary of some interesting insight or discovery that your group has made from this activity. Select a spokesperson.

5" d. Complete Group Atmosphere Scales (Appendix IV-k).

10" e. Spokesperson presents summary statement to all groups.

Process:

15" Tally scores on Group Atmosphere Chart on newsprint and discuss with group. (Make blank chart prior to workshop.) Trainer in group.

Group Atmosphere Scales
Outline on Group and Organizational Culture

3:30-3:45 Break

3:45-5:45 Identifying Group Members' Roles

5" Theory: Membership roles/leadership styles within group and their impact on group functioning. Use participants' cards with initial self-evaluation.

Task: To give feedback to group members on the Task and Maintenance functions they have been assuming.

10" a. Break work groups into trios and quartets - can self-select within group; and pass out T&M scales (feedback form). Each member within trio or quartet rate themselves and each other in the trio according to instructions on form. (Appendix IV-1.)

5" b. Lecturette on feedback presented using only the dimensions of descriptive, nonevaluative, specific and freedom of choice to change.

40" c. Trios and quartets meet - dispersed throughout general session room - to share their ratings on each other and to compare these ratings with self-ratings. Feedback exchange provides a two- or three-on-one ratio.

40" d. Total work group: Each member shares what he/she has learned about him/herself in terms of the roles he/she had assumed in group.

T & M Feedback Form

5:45 Hand out "The Successful Working Group"* to be read before tomorrow's session.

WEDNESDAY

8:30-10:30 Developing Team Standards

15" Theory: Model of Excellence

Task:

30" a. Using what you have learned so far, and the outline of the "Successful Working Group" as a guide, diagnose where you are now as a team along any dimensions you consider pertinent to your group.

30" b. Use this diagnosis to develop an instrument (set of scales) against which you can measure your team's effectiveness (model). That is, where you see it now and where you would like it to be (ideal). Use three dimensions which you consider the most important to your group. Put this instrument on newsprint.

20" c. Try out this instrument on your group by having each group member rate the group on the three dimensions and process the data. Decide where on these dimensions your group would have to score in order to achieve its goal.

20" d. Develop action plans for improving team effectiveness along one of the dimensions.

5" e. Post your instrument for other groups to see and compare in terms of what issues are being worked in each group. The instrument is a diagnostic statement of your group in terms of issues you have identified.

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*Napier, R.W., Gershenfeld, M.K. Groups: Theory and Experience. Boston: Houghton Mifflin Co., 1973, pp. 258-259.

10:30-10:45 Break

10:45-11:00 General Session: Conclusion of team building phase.

- Summary of major points developed throughout team building segment.
- Every organization is composed of teams. No one works alone. Identification of teams and multiple membership.
- Team building is not a one-shot process. Continuous diagnosis and building is necessary and often difficult. Requires commitment of individual members to process.
- Ongoing work teams have a history together. Other dynamics operate which differ from the temporary work teams at the workshop.

On Being a Productive Group*

11:00-12:30 Planning for Back-Home Projects:

10" Alone Time: Identify a back-home problem that is currently important to you and manageable. Complete the Problem Identification Form II (Appendix IV-m).

20" Theory: Force Field Analysis (Appendix I-c-2)

60" Task:

a. Break into trios with others from your geographical area.

b. Share your problem with others in your triad, continue to identify facilitating and inhibiting forces.

c. Develop action plans that are do-able and manageable. Continue working during lunch. Plan to use instrument back home as a guide for planning.

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*Lippitt, G. How to get results from a group. In L. Bradford (Ed.), Group Development. Washington, D.C.: National Training Laboratories, 1961, P. 34.

Problem Identification Form II
Force Field Analysis paper

12:30-1:00 Lunch

Phase II: Intergroup Relations

1:00-1:15 Introduction

Theory: No team is an island. Getting your own house in order first.

Intergroup dynamics that occur when teams interface

- Stereotyping ↔ Communication
- Competition ↔ Cooperation
- Win/Lose ↔ Win/Win strategies

Intergroup Formations: The total workshop was divided as follows:

	Direct Treatment Teams	Support Teams
Group Pairing #1:	Physicians, nurses, social workers, psychologists, etc.	Building Mgmt. & Engineers
Group Pairing #2:	Physicians, nurses, social workers, psychologists, etc.	MAS, Personnel, Fiscal

Data Collection:

1:15-2:15 Intragroup development of images:

30" a. Own group (Self-Image): Each group develops a list of the ways in which they see themselves. Descriptive words or phrases should be agreed upon by the group (consensus) to prevent highly idiosyncratic items from being recorded. Prepare a newsprint with five images. Put heading to identify who produced the images, i.e., "Self-images of direct treatment team."

30" b. Other group (Other-Image): Each group develops a list of the ways in which they see the other group. Descriptive words or phrases should be agreed upon by the group. Prepare a newsprint with five images with appropriate heading to identify which group produced the images of which group, i.e., "Direct treatment teams' images of Building Management and Engineering."

2:15-3:00 Exchange and clarification of images:

a. Group Pairing #1: Meet in one room

Group Pairing #2: Meet in another room

45" b. Two groups meet together in face-to-face confrontation to exchange and clarify the images they have of each other. Images on newprint are posted so that each group has a clear view of them.

c. One group can consider list of images other group developed of them along side images they developed of themselves. The other group can repeat the procedure. Make certain that each group has sufficient time. Focus on "other images."

d. Major task is to have each group clarify what they meant by the images they had developed. Encourage each group to ask questions so that they are absolutely clear about what the images mean. The purpose is not to assess the accuracy of the images. Trainers need to keep groups on task and to abort defensiveness on the part of both groups, e.g., challenging the reality of the other group's perceptions.

e. If time, groups can also examine how self-images compare to the images the other group developed of them.

3:00-3:15 Break

Data Analysis

3:15-4:15 Intragroup Diagnosis:

60" a. Each group meets separately in front of the other group (fish bowl) to identify what behaviors of their own group might facilitate the images or stereotypes the other group had of them. Thirty minutes for each group. Regardless of whether or not group accepts images as accurate, they should identify their own behaviors, i.e., "What do we do that might give them the impressions they have of us?"

b. Each group keeps track of the behaviors identified to be reported later on newsprint. Behaviors need to be listed by appropriate images.

4:15-5:00 Work group meeting: Process events of the afternoon. Use Harvey's "Intergroup Theory" as guideline (Appendix IV-e-8)

Intergroup Theory

THURSDAY

Problem Solving

8:30-9:20 Identification of key issues and/or sources of friction that perpetuate the communication barriers:

5" a. Reconstruct groups so that direct treatment teams are mixed with support teams about half and half. This procedure reduces identity as separate groups. These mixed groups will meet in separate rooms.

45" b. On the basis of all the information collected and examined and the interactions, each group develops a list of five key issues that tend to keep the direct treatment and support teams divided. List on newsprint.

9:20-10:05 Planning steps to resolve three of the key issues to reduce the communication barriers.

45" a. Mixed groups work to devise ways (or recommendations) in which the key devisive issues might be alleviated. List on newsprint.

10:05-10:20 Break

10:20-11:00 b. Each group prepare 10-minute reports on the three key issues and their action plans to work on them.

Evaluation

11:00-11:15 General Session: Trainers elicit comments, reactions, evaluation statements from participants. Process interactions. Look at back home application and some precautions about using this design.

11:15-12:15 Work Groups: Discuss back-home application of learnings from intergroup phase of workshop. Trainers in group.

12:15-12:45 Lunch

12:45-1:45 Work groups: Resolving any unfinished business, obtaining closure, saying goodbye.

1:45-2:00 General Session Wrap-Up: Some summary statements about team building and inter-team relations.

2:00-2:20 Evaluation and end of workshop

NOTE: The intergroup design was based on a conflict resolution strategy described in:

Blake, R.R., Mouton, J.S., & Sloma, R.L. The union-management intergroup laboratory: Strategy for resolving intergroup conflict. *The Journal of Applied Behavioral Science*, 1(1), 1965, 25-57.

See also:

Bell, R.L., Cleveland, S.E., Hanson, P.G., & O'Connell, W.E. Small group dialogue and discussion: An approach to police-community relationships. *The Journal of Criminal Law, Criminology and Police Science*, 1969, 60(2), 242-246.

DESIGN 3:

DEVELOPING EFFECTIVE DIRECT TREATMENT PROVIDER TEAMS WORKING WITH A LONG-TERM PATIENT POPULATION

RMEC--St. Louis--Jefferson Barracks

Phase I: Team Building

TUESDAY

8:30-8:45 Registration

8:45-9:00 Welcome: staff introductions, description of workshop objectives and flow, description of laboratory method of learning.

9:00-10:30 Team Identity Exercise

5" a. Alone time: Think of your experiences in previous groups, work groups or otherwise. Identify what you do in groups that helps the group do its task and things that hinder the group. On one sheet of paper write down what you do that helps groups (your "positive card"). On another sheet write down what you do that hinders groups (your "negative card"). You will anonymously share your positive card with your work group in a few minutes. What you do with your negative card or whether or not you share it with the group at any time during the workshop is up to you.

70" b. Go to your designated work team. Do not talk but visually inspect each member - put your "positive card" on the floor in the middle of the group - have someone write the "positive card" statements on newsprint. Design a team insignia, logo, symbol, etc., which characterizes or identifies the group in terms of the group members' resources (the "positive card" statements). Prepare a 2-minute presentation of your team insignia to the total community. Have group complete Post-Meeting Questionnaire before breaking for presentations (Appendix IV-i).

15" c. Presentations

10:30-10:45 Coffee

10:45-12:30 "What to Look for in Groups" (Appendix I-h-1).

15" Lecturette

15" Group 1 observe Group 2.

15" Group 2 feedback to Group 1.

5" Clarification of feedback.

Task: Using your group's listing of resources (positive card statements) identify four resources most needed in planning a political campaign.

Reverse fishbowl and repeat timing (35 minutes);

Task: Using your group's listing of resources (positive card statements) identify four resources most needed by a group negotiating for a new pay scale contract.

12:30-1:15 Lunch

1:15-1:45 Groups process their interaction and feedback from "What to Look for in Groups" task. Do not discuss the content of the task.

1:45-3:15 Group and Organizational Norms (Appendix IV-j).

15" Lecturette

60" Task: Identify and list on newsprint visible and non-visible norms in a VA Hospital (explicit and implicit norms). Prepare a 2-minute presentation of list to total group.

15" Presentations.

3:15-3:30 Coffee

3:30-5:30 Identifying Group Members' Roles

5" Theory: Identifying roles of group members in terms of task and maintenance functions

10" Lecturette on feedback

10" Task: In trios and quartets, rate each other on task and maintenance functions observed in group.

NOTE: You rate only those in your trio plus rate yourself (Appendix IV-1).

40" Share feedback in trios

45" Task: Share your ratings from the trios in your total work group.

15" General session: Hints on using these concepts in back-home work groups, either as member or consultant.

WEDNESDAY

8:30-10:30 Developing Team Standard (internal Model of Excellence)

15" Lecturette

Review of team-building process: The 3 R's

1. Resources, identification and team identity
2. Roles of group members
3. Rules of group behavior (norms).

} Where the group is

4. Directions, objectives, goals:

	Where Now	Where Want to Be
Work related tasks		
Non-work related tasks *#1. Norms #2. Roles #3. etc. etc.		

*Note: The norms of the group are chosen for next exercise, but all need to be considered and taken charge of in developing a team model of excellence (i.e., roles, the way work is done, etc.).

10" Task: Alone time--off the top of your head, list 3 or 4 things that people would not do or say in your group or would be uncomfortable doing or saying. These will be anonymously shared in your group.

30" Task: Group--list on newsprint all the unsayables written by members. Using this list as a reflection of norms that exist in your group, identify and make explicit three norms.

30" Task: Identify positive and negative consequences of each of the three norms:

Norm	(+) Consequence	(-) Consequence
#1:		
#2:		
#3:		

10" Task: Based on a consideration of the listing of positive and negative consequences of the three norms, the group should choose one by consensus or near consensus that they would like to change or alter.

5" Lecturette: How to test out a norm on the criteria to be used in changing the norm statement. NOTE: groups will be asked to check out the effect of adopting the norm in their last meeting on Thursday.

20" Task: Restate the norm in such a way as to insure commitment to the norm, whether reasonable or not, and in a way that is likely to decrease the negative consequences listed earlier. Also consider how you can test out whether or not the norm is operating and the group behavior is changing. Have group complete the Group Atmosphere Scale before going to next general session (Appendix IV-k).

10:45-12:15 Planning for Back-home Projects

20" Lecturette on Force Field Analysis (Appendix I-c-2)

10" Alone time: Identify a back-home problem that is currently important to you and manageable. Complete one-page Force Field analysis sheet (Appendix I-c-2).

60" Share work in trios.

12:15-12:30 General Session: Conclusion and summary of team-building phase.

12:30-1:15 Lunch

Phase II: Staff and Long-Term Patients

1:15-3:30 Personal issues of staff in relating to long-term care patients

15" Lecturette: Need to know self and impact on patients and importance and conditions of effective feedback.

10" Task - alone: Write down how long-term patients affect you personally (feelings, etc.) and how you think patients see you.

60" Group Task: In rotation, each group member share with group some of what they wrote regarding how patients affect them and how seen by patients. One member then puts on a white coat and turns his back to the group. For 5 minutes the remaining group members role play patients sitting around in the canteen talking about the "staff member." Group members talk about the "staff member" using the information and perceptions that they have acquired about him as a group member up to this date. No questions or verbal interactions allowed until after all group members have gone through the task (played staff member in white coat hearing "patients" discuss him).

15" Coffee

30" In work teams, ask for further comments, expansion or clarification of feedback received in the earlier exercise.

3:30-4:30 The patient, me, and the treatment team

30" Each group generates a list of team, personal and patient issues that interfere with staff as they are working with a long-term patient population.

15" Rank the list in terms of interference impact. Choose one issue for tomorrow, on which to diagnose and plan for improvement of patient care. Prepare 2-minute presentation to total group. Have participants complete Group Atmosphere Scale again before going to general session.

15" Presentations.

4:30-5:30 Teams process their afternoon work. (NOTE: The morning and afternoon Group Atmosphere Scale data have been tallied for the group and posted.)

Topics for Discussion:

1. Is the work team functioning differently from morning to afternoon because of the "intrusion" of patient issues?
2. Are individuals functioning differently?
3. Is the new ground rule (norm adopted in the morning) operating and affecting group behavior?
4. Use Group Atmosphere Scale data to assist in discussing the above topics.

THURSDAY

8:30-11:00 Problem-solving and planning for issue chosen yesterday, i.e., issues interfering with the care of long-term patients.

15" Review of Force Field Analysis:

a. Put issue in change format.

b. Isolate a manageable problem to solve from the issue.

45" Group Task

a. Define problem in change or objective format.

b. Identify forces facilitating and interfering with objectives.

15" General Session: Things to consider in action planning with intact work teams.

45" Action planning in group - prepare 5-minute presentation to total group.

30" Presentations - each group present 5 minutes with 2-1/2 minutes for feedback or questions from other groups.

11:00-11:45 Back-home project planning

Task: Identify a problem/issue to work on by yourself. This should be an issue back-home that you are involved in and have some commitment to do something about which will improve patient care through improving team effectiveness or your effectiveness on the team.

Options:

1. Take your group's learning and individualize them for yourself and your intact team back home.
2. Check over yesterday's back-home problem and add patient impact plans if absent now.
3. Choose another area.

45" Complete force-field analysis form - alone time (see Design 5, Figure 2, this chapter).

11:45-1:00 Choose one other person in your work team to share your problem/planning for feedback and suggestions. Ten to fifteen minutes sharing, then reverse.

NOTE: Decide on lunch time.

1:00-2:00 Team meeting.

Task: Check out presence and effect of norm adopted yesterday.

2:00-3:00 Workshop evaluation and wrap-up

DESIGN 4:

A LABORATORY EXPERIENCE ON DEATH AND THE DYING PATIENT*

In February, 1973, a consultant team with the VA Hospital at Houston responded to a request to present a program on death and dying to nurses, nursing students, and social workers. The team's planning discussion surfaced three powerful issues:

1. Who would be qualified to teach anyone anything about death except by anecdotal experience or by a cognitive presentation based either on science (a review of the research on attitudes) or philosophy?
2. The need for such a workshop exists because, outside of a religious service, the subject of death is traditionally dealt with in a highly cognitive manner.
3. The subject of death and dying probably evokes the most powerful and threatening feelings in man's experience and, as a consequence, is usually avoided.

These factors indicated that a workshop based on experiential learning rather than a didactic presentation would be a more effective model. The design of such a workshop, however, presented no small challenge. The staff felt concern and anxiety over the "right" to manipulate the participants in an experiential design focused on death. However, the fit between the goal of the workshop (which was to create an affective awareness around the issues facing the dying patient by putting participants in touch with their personal feelings about their own death) and the model of experiential learning were so congruent that it gave the staff confidence to proceed.

The first few workshops contained a fair amount of didactic as well as experiential components (e.g., an introductory panel and discussion of the subject by the staff). The rationale was that the participants needed (as well as the staff!) to move gradually into the experience. As the workshops proceeded, however, the evaluation of both staff and participants indicated that these didactic components were the least helpful and meaningful part of the workshops. Therefore, later workshops became less didactic and more experiential.

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*Contributed by Joyce Paris, Consultant to TIGER; Peter Girardin, Chaplain Service; Walter E. O'Connell, Ph.D., staff psychologist, and Kenneth Kopel, Ph.D., staff psychologist, VA Hospital, Houston, Texas

These workshops have, to date, been presented to over 2,000 professionals in medicine, psychology, social work, nursing, religion, and hospital administration as well as students and lay people in these professional areas. The workshops have taken place within VA Hospitals, RMEC centers and in community agencies (Kopel, O'Connell, Paris and Girardin, 1973, 1975).

The evaluations have been most positive and the participants have consistently indicated that the workshop needs to be repeated periodically and to include more of their fellow professionals, particularly more physicians. The workshop has been implemented in one- to three-day formats. The evaluations suggest that three days is more productive although the evaluations for one day were very positive.

Two important learnings have been reached by both staff and participants in all of these workshops: (a) the workshop is a serious, but not aversive experience and that it was meaningful for many participants in terms of personal growth; (b) the most effective care of the dying patient involves a human, open, and personal response rather than a so-called professional, correct, and distant style whether it be medical or religious. The choice of the best way to die lies with the patient who is the unique experiencing person in the situation and not with the inexperienced staff. The staff can be of help only to the degree that they are willing to acknowledge their own depression, fear, anger, or guilt and to be themselves not as professionals but as people who will listen and respond honestly to the dying person. Under these conditions, the "helper" may learn something not only about dying, but also some significant things about living.

Design Components of Workshop on Death and Dying

I. Four Corners Exercise (Introductory)

Each corner of the room contains a newsprint on which issues or questions involving death are listed. The participants are asked to look over the issues and choose a corner that best represents their ideas or feelings. They are then asked to discuss, with the other participants who have chosen that corner, why it was the best choice for them. After 5-10 minutes the participants in the four corners share, as a community, the ideas they discussed. This procedure may be repeated several times, using a different topic each time, depending upon time available. In this exercise, the threat level of the questions is gradually increased by moving the participants from the intellectual to the feeling level. For example, Round I questions involved "the right to die" and were discussed from a philosophical point of view. Round II questions dealt with professional issues, i.e., in helping a dying patient, which one of Kubler-Ross's five stages of experience would be most difficult for you. In Round III participants were asked to choose one of four ways to die. These choices were very personal to each individual. Thus, discussions moved from philosophical to professional to personal issues. Participants were also encouraged to share their feelings about these issues rather than just their ideas. There was some reluctance to move into Round III until it was pointed out that to choose one's own way to die was a unique opportunity!

2. Role Play

The staff role plays three or four situations revolving around difficult aspects of work with terminal patients, their families and staff members (e.g., withholding information from the patient who wants information, avoiding the patient, guilt feelings of the family vented upon the staff, etc.). During the role play, participants were asked to substitute staff roles to demonstrate more effective care. The staff felt at times that their role play was overdone and satirical. The participants, however, thought that the role play was painfully accurate and found it very difficult to improve on the particular staff role they had assumed during role play.

3. Group Fantasy of Impending Death

a. The Disaster

In this exercise a staff member announces that a natural disaster has occurred (the exact nature is purposely left vague to discourage participants from getting into a logistic hassle) and that everyone in the room has now only three days to live. They are told to join their groups (membership previously designated) and remain there in their group rooms indefinitely. They are encouraged to help each other in any way that they can, since their fellow group members are the only resources they will have for the rest of their lives. The groups are provided a facilitator to keep them focused on the dilemma at hand. In many cases, the staff used students in psychology and nursing who had practiced sessions, with a facilitator, in which they experienced the same fantasy.

The facilitators need to be instructed on three important issues:

(1) They are part of the group and have only three days to live themselves.

(2) When denial occurs (e.g., stepping out of role) the facilitators are to bring the group back to the "reality" of the fantasy exercise.

(3) They are to see that participants are allowed to express exactly what their here-and-now feelings are and that individual expression does not get suppressed by either an authoritarian member or by a group norm.

It may appear that (2) and (3) above are somewhat contradictory. However, denial of the validity of the fantasy is analagous to the stage of denial described by Elizabeth Kubler-Ross (1969). Interestingly enough, much of the feeling described by the participants represent the stages in terminal illness described by Kubler-Ross. The third instruction is also vital in an exercise such as this. The subject of death surfaces very fundamental values and/or religious beliefs and, without facilitator support for individual expression, there is a strong attempt by some participants to teach and preach to other participants.

b. The Rescue

About three-quarters of the way through the fantasy, a staff member enters each group and explains that there has been an error in assigning some people to the group and takes one or two members from each group. These survivors are placed in a new group and asked to deal with their feelings of "being saved" and of leaving their group members behind.

This fantasy and the rescue have been the most powerful part of the workshop. In the community discussion and sharing which follows the fantasy, many comparisons are made to real life. One analogy was made that in receiving news of a terminal illness and finding oneself with a group of strangers is not unlike the position of the terminally ill hospital patient.

4. Guided Fantasy of Individual Death

Participants are guided to imagine the time, place and circumstances of their own death and to actually die in the fantasy. They are instructed to emerge as a significant other (e.g., spouse, sibling, close friend, etc.) in their own life and share, with the group, some attributes of the person who has just died. This fantasy is also very powerful and allows participants to make not only a statement about themselves but to grieve for themselves.

5. Epitaph and Eulogy

Participants are asked to write their own epitaph and eulogy and to share these in the group, focusing on individual feelings and learnings. Paradoxically, the eulogy frequently expresses, in an indirect way, the individual's life goals.

6. Relevance to Patient Care

The longer workshops have ended with participants working on ideas and plans, in cross-disciplinary teams, to apply what they have learned to improve the interpersonal and human quality of their work with terminally ill patients.

REFERENCES

1. Kopel, K., O'Connel, W., Paris, J., & Girardin, P. A Didactic Experiential Death and Dying Lab. Newsletter for Research in Mental Health and Behavioral Sciences, 1973, 15, 1-2.

2. Kopel, K., O'Connell, W., Paris, J., & Girardin, P. A Human Relations Laboratory Approach to Death and Dying. Omega, Vol. 6(3), 1975, p. 219-221.

3. Kubler-Ross, E. On Death and Dying. New York: The MacMillan Co., 1969.

DESIGN 5:

GUIDE FOR PROBLEM-SOLVING TRAINING PROGRAM FOR PATIENTS*

Objectives:

1. To give patients an awareness of and some sensitivity to the issues involved in many intra- and interpersonal problems;
2. to teach patients skills that can be used in dealing with intra- and interpersonal problems and to offer them the opportunity to practice these skills in structured situations involving individual and/or group tasks, including role-playing;
3. to allow patients to begin the process of problem-solving their own problems. (Note: The program focus is primarily on learning skills that can be used to facilitate work in therapy or other problem-solving situations.)

Content of Program: The program examines six basic areas:

1. The problem-solving process;
2. conditions for effective problem-solving with two or more people;
3. giving and receiving feedback;
4. helping styles - how we help one another;
5. effective communication;

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*Contributed by Rodney R. Baker, Ph.D., Day Hospital, VA Hospital, Houston, Texas.

6. resistance to change.

Structure of Program: The program includes 12 sessions of 1-1/2 hours each, once a week. Two sessions are devoted to each of the six areas listed above. Although the sessions are related to one another and build on the learnings of previous sessions, they are designed to offer independent learnings and patients can attend any or all sessions and start any time in the program.

Hints and things to consider:

1. It is recommended that all patients in this program also be attending at least one other formal therapy program, preferably a group therapy program. Since the focus is on teaching skills, the resolution of most individual problems raised during the teaching sessions is not expected.

2. It is recommended that the entire ward or treatment team be familiar with the techniques, some of the concepts used, and the vocabulary used in this program so that these skills can be reinforced in other patient/staff interactions. The 12-session program can in fact be adapted to staff use and participation in staff in-service meetings or as part of a team-building program.

3. The reader is referred to other chapters and Appendices in this Handbook as a valuable resource for implementing this program.

4. The times suggested for the various activities, etc., in this outline are the suggested minimum times that should be scheduled. If more time is available for each session, time is best added to the discussion and task activities rather than to the verbal presentations.

5. Although the suggested activities can be used with all patients who have the capacity to attend to the content of the 1-1/2 hour sessions, the verbal presentations should be monitored to fit your population. A more disturbed, inpatient population may require more concrete and specific instructions and more time may thus be required for all activities.

Session 1: THE PROBLEM-SOLVING PROCESS

20" I. Introduction and comments about the elements of problem-solving (See appendix I-c-2).

A. Recognize that there is a problem (general awareness).

B. Want to change or do something about the problem.

C. Problem-solving steps:

1. Define the problem and state the desired outcome, i.e., the way you would like things to be if problem-solving is successful. (This identifies your objectives more clearly.) Make sure it is your problem and something that requires you doing something differently. Also make sure that you are working on only one problem at a time - a general problem statement usually includes several problems - be specific.

2. Make a listing of factors or forces:

   a. that support the resolution of the problem or the attainment of the expected outcome, and

   b. that maintain the problem or interfere with reaching the desired outcome.

   Note: There is rarely, if ever, only one factor involved in a problem; not appreciating all the forces that contribute to problem resolution or problem maintenance severely limits the effectiveness of any problem-solving activity.

3. Select those factors from the lists that you can do something about and select a strategy for change.

4. Action step planning - decide on actions or behaviors that will increase the strength of problem resolution factors or decrease the strength of problem maintenance factors.

5. Get feedback on the results of your action steps or find ways to test out if you are accomplishing your objectives.

6. Continue or modify your action steps based on your feedback.

Questions????????????

20" II. Use of Force-Field Analysis as a problem-solving model

A. Hand out copies of Force-Field Analysis Summary and go over "losing weight" example (Figure 1).

B. Give patients sufficient opportunity to discuss and question all aspects of this example.

50" III. Group problem-solving task

A. Select a manageable problem the group would like to work on (more verbal participation in group, more trust in group sessions, etc.).

B. Put Force-Field Analysis Summary Worksheet form on blackboard or newsprint and begin to solve the problem.

Figure 1 *(Sessions 1 & 2)*

FORCE-FIELD ANALYSIS SUMMARY WORKSHEET

Rodney R. Baker and Norman M. Paris

A. Statement of problem and description of objectives:

I am overweight (220#) and would like to weigh 190#.

B. Listing of forces:

Forces or factors helping me to reach my objective	Forces or factors maintaining the problem and interfering with reaching my objective
Economic--need to buy new clothes because clothes too tight.	*Economic--if I lose weight I will have to buy new clothes to fit.*
Don't like the way I look; don't like the way I feel, etc.	*When I'm bored and have nothing to do, I eat.*
Note: These forces must be unique for the individual and are only examples.	*I like the taste of "fat" foods, etc.*

C. Action Steps: (Note: Avoid statements of intention but rather state who is going to do what and when.) Use back of sheet?

1. *Go for walk when bored.*
2. *Drink diet drinks or water when hungry between meals.*
3. *Buy some new clothes when reach 200# as a reward and to make me look and feel better, etc.*

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Session 2: INDIVIDUAL PRACTICE IN USING PROBLEM-SOLVING MODEL

15" I. Review the problem-solving process presented in Session 1.

35" II. Individual work task:

- 5" 1. Identify a problem you would like to work on - criteria:
  - a. a problem you want to do something about,
  - b. a problem you are involved in and need to change your behavior,
  - c. choose a manageable problem, i.e., pick one, not many problem statements - be specific.
- 30" 2. Hand out copy of Force Field Analysis Summary Worksheet (Figure 2) and instruct members to begin work on their problems by themselves, i.e., fill out two lists of forces plus some action steps.

20" III. Have patients pair off with one another and share their work.

20" IV. As a total group, share and discuss how things went and what problems were encountered using this method, etc.

Session 3: CONDITIONS FOR EFFECTIVE PROBLEM-SOLVING IN GROUPS (two or more people)

20" I. Introduction

A. Good decision-making is needed for effective problem-solving - types of decisions:

- plop - one person in group makes a decision and no one responds.
- self-authorized - one person makes a decision for the entire group.
- hand-clasp - one person makes a decision, one other person supports the decision.
- minority - less than one-half the group members support the decision.

Figure 2

FORCE-FIELD ANALYSIS SUMMARY WORKSHEET

Rodney R. Baker and Norman M. Paris

A. Statement of problem and description of objectives:

B. Listing of forces:

Forces or factors helping me to reach my objective	Forces or factors maintaining the problem and interfering with reaching my objective
→ → → → → → → → → → → → → → → → → → → →	← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←

C. Action steps: (Note: Avoid statements of intention but rather state who is going to do what and when.) Use back of sheet?

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- majority - more than one-half the group members support the decision.

- near consensus - almost all the group agrees to support the decisions; all people in group have had a chance to express a dissenting view and be heard by others.

- consensus - the total group agrees to support the decision and all people in the group have had a chance to express a dissenting view and be heard by others.

B. Work climate needs to be established and important dimensions of an effective working group need to be attended to in discussion and problem-solving - things to look for:

verbal participation - who talks a lot? How are silent people treated? Who keeps the ball rolling?

influence - influence and participation are not the same - some speak very little but people listen when they speak. Is there any rivalry? Are there shifts in influence? How do people try to influence others?

task functions - who asks for questions and suggestions? Who summarizes what has been discussed? Who keeps the group on target? (Keeps group from going off on tangent?)

maintenance functions - who helps silent members get into the discussion? How well are members getting their ideas across? Are there any attempts to block the expression of ideas? Who helps members express themselves and clarify their ideas?

feelings - what feelings are generated? How are feelings dealt with? Are there any attempts to block the expression of feelings, particularly negative feelings?

norms - what stated or unstated ground rules exist for the discussion? (These are the should and should not behaviors agreed to by the group; they may not be clear or understood or agreed to by the total group).

45" II. Task for group(s)

A. Break up into small groups of 6-8 people. Each group choose one observer/reporter to report on the group's decision and how the group worked (focusing on questions in "B" above).

B. Work on task for 20", then each group should take 10" to stop talking about the topic and talk about how they are working as a group; then resume work on the task for 15".

C. Task: Choose some topic relevant to the group in which they have to come up with a decision. Example: "What are the top three factors that contribute to having to seek psychiatric treatment?"

D. Optional: At the end of the task, have the members fill out the "Group Member Response to Meeting" form. The data can be posted for comparison and discussion. (See next page)

20" III. Process-Discussion: Discuss how things went, what interfered with their work? How did they handle it? Etc.

Session 4: THINGS TO LOOK FOR IN GROUPS

10" I. Briefly summarize the introductory material in Session 3.

70" II. Task:

A. Divide group in two - one group to observe the other group working on a task. Assign an observer role for each observer (use "What to Look for in Groups", Appendix I-h-1, the set of questions may be cut up and pasted on a 5 x 7 card for each member).

B. The first group works on its task for 15" (put them in a circle). Station the observing group around them in an outer circle. After the 15", have the inner group fill out the "Group Member Response to Meeting" form suggested for use (and attached) to Session 3. Then let the observing group give the first group feedback on what they were assigned to observe (10" - 15"). Instruct observers to keep their comments brief.

C. Reverse roles. Inner group now moves to outer circle and observes the other group work (assign observer roles, again). After group task, working group fills out "Group Member Response to Meeting" form, then observers give feedback.

GROUP MEMBER RESPONSE TO MEETING

Group or Identification Code: ______________ Date: ______________

Circle the number that best represents your answer to each question.

1. How much influence did you believe you had on the decision-making or discussion?

Very Little 1 2 3 4 5 6 7 Very Much

2. How often did you believe your group members really listened to you in the meeting?

Very Little 1 2 3 4 5 6 7 Very Much

3. How much cooperation and collaboration did you believe took place?

Very Little 1 2 3 4 5 6 7 Very Much

4. To what extent were members open and leveling with each other about their thoughts, feelings, and attitudes?

None 1 2 3 4 5 6 7 Great Deal

5. How satisfied are you with the way your group worked?

Very Unsatisfied 1 2 3 4 5 6 7 Very Satisfied

6. How committed are you to the decisions made during the meeting?

Very Uncommitted 1 2 3 4 5 6 7 Very Committed

7. Select one word to describe the tone or climate of your group:

(Write in): ______________________________

Task Assignment:

Each group should be given a different topic or a variation on a topic. Pick a relevant task which asks the group to make a decision (agree on a ranking or rating, etc.). Example: What are the three most important factors that make a patient trust his doctor - that make a patient distrust his doctor?

10" III. Process discussion: Each group meets by itself to discuss the feedback they received; encourage the group not to continue talking about the topic content.

Session 5: GIVING AND RECEIVING FEEDBACK

20" I. Introduction (see also Appendix I-n)

A. Purpose of feedback: to learn the effect of our behavior on others in order to make whatever changes we want to develop more effective relationships.

- Feedback allows us to see how others see us and check our self-percepts against what others say.

- Feedback gives us information about whether or not we are being on target or meeting our goals.

B. Conditions for effective feedback:

Describe behavior without judgment (avoid statements of good, bad, right, wrong). Feedback serves as a mirror, not a crystal ball.

Be specific in feedback, avoid general statements such as "You're a good person."

Give feedback as soon after the behavior as possible.

In groups, give feedback that is based on behaviors observed by other group members (instead of things done or observed when other group members weren't present).

Feedback is most effective when it is asked for.

The receiver should be free to accept the feedback (if helpful and of use to the person) or reject if it is not useful.

Give feedback over that which the person has control.

Feedback should be motivated by a desire to help the other person, not for your own needs.

Note: The receiver of feedback determines whether or not the feedback is helpful, not the giver of the feedback.

Questions?????????????

45" II. Task

A. Hand out "Feedback Request Forms" (Figure 3).

B. Each person should identify something you want feedback on from another individual in group. Write this request on top of your form. Remember, you are asking others to give you feedback on your behavior, you are not asking for advice on a problem.

C. Pair off with one other person. Ask for feedback on your problem for 7" then switch and give your partner feedback on his request for 7".

D. Pair off with another person. Again ask for feedback for 7" (don't let the second person know what feedback you received from the first person). Then give feedback to your partner for 7".

E. Pair off with still another person and repeat above process.

20" III. Process-Discussion

A. What did the feedback giver do that was helpful? Was not helpful?

B. Was the feedback you received on the behavior you presented similar or different from the three different people? If different, what sense can you make of it? Different versions of "truth"? You are seen differently by people.

Session 6: FEEDBACK - OPENNESS AND SHARING

Figure 3

FEEDBACK REQUEST FORM

What I want feedback on:

From person #1:

Example?:

From person #2:

Example?:

From person #3:

Example?:

Notes on giving feedback: Be specific, give examples, describe without judgment.

Notes on receiving feedback: Ask for clarification of feedback or examples if you don't understand the feedback. Don't argue with the feedback you are getting--use it, if helpful.

15" I. Introduction to Jo-Hari Feedback Window (see Appendix I-p-1 and I-p-2).

	Things I know about myself	Things I don't know about myself
Things other people know about me	ARENA (open exchange between myself and others)	BLIND SPOT (information people have about me that I don't know and might be able to use)
Things others don't know about me	HIDDEN AREA or FACADE (information I keep from others)	UNKNOWN

10" II. Task

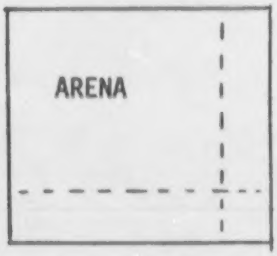
A. Complete the Jo-Hari Window (Appendix I-p-2): Rate yourself on a 9-point scale in terms of how often you ask others for information about yourself in group (always = 9; never = 1). Circle this number on the top line of the Jo-Hari Window.

B. Rate yourself on a 9-point scale in terms of how much you share information about yourself with others in your group and give feedback (always = 9; never = 1). Circle this number on the side of the Jo-Hari Window.

C. Complete your window by drawing a line across the sheet from the circled number on the left and draw a second line down the sheet from the circled number on the top. This gives you an estimated size of your Arena, Blind Spot, Hidden Area, and Unknown.

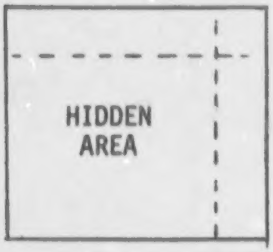
10" III. Discussion of sizes of window panes - how some people might look to other people in group.

"Ideal"



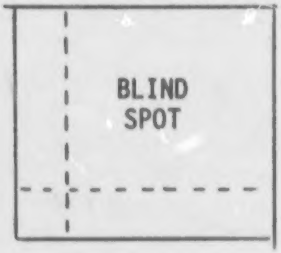
→ Gives feedback and is open about self. Note, ideal is not total openness. Why???

"Interviewer"



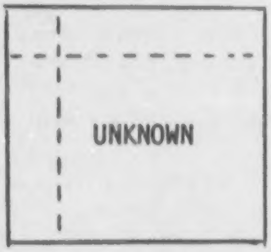
→ Gets information, but doesn't share much about self.

"Bull in the China Shop"



→ Does not know how others see him or react to him.

"Turtle"



→ Not open to others, doesn't seek or give information.

20" IV. Share your window with a person in your group to see if there is agreement or differences in how that person sees you.

10" V. Some goals:

A. If goal is to reduce or decrease the size of your Blind Spot: Since this area contains information others have about you, the only way to decrease the Blind Spot is to get this information - ask for feedback AND be receptive to feedback so that others will give you the information and know you really want it.

B. If goal is to reduce the facade: Since this results from my keeping information about me to myself, I can reduce this by giving others more information, expressing and sharing my thoughts and feelings, etc.

Note: Both goals increase the Arena and decrease the Unknown.

20" VI. Discuss learnings. Some may want to begin some sharing or feedback. Note: Your window may be different with different people (your spouse??) or different situations other than in group.

Session 7: HELPING STYLES - HOW WE HELP ONE ANOTHER

10" I. Introduction to task (see Appendices I-i-1, I-i-2, and I-i-3).

Identify a problem you would like help with. Criteria:

- it's your problem, something you need to do differently;
- something you want to do something about;
- something manageable (not "how to get over my depression").

60" II. Task

A. Divide group in half, Groups A and B. Give Group A the Traits Approach Helping Style Guideline (Appendix I-i-3) and ask Group B individuals to find a helper in Group A. Group A individuals help person in Group B for 15"; at the end of time, those being helped grade the amount of help received on the following scale:

0 = No help
1 = Some help, not much
2 = Helped
3 = Good help
4 = Very much helped

B. Group B turn in their scores on how much helped and receive guidelines for Advice Giving Helping Style (Appendix I-i-3). Now Group A members seek help from Group B members (in pairs, again). Ask members to work with someone they didn't work with the first time. After 15" ask Group A members to score help received on above scale.

C. Group A turn in scores, receive Goals Approach Helping Style Guideline (Appendix I-i-2). As before, help Group B members. (Group B members present same problem as first time but now with different person and different helping style.) After 15", score helpfulness.

D. Group B turn in scores, also receive Goals Approach Helping Style Guideline. Repeat process.

20" III. Process. Go over description of three styles for everyone and post the scores received (goals style gets two scores).

Process notes:

- Traits approach. Often scored lowest because frustrating to person helped. No real solution other than to be "different." Sometimes helpful if person is unaware of trait pointed out by helper.
- Advice-giving. Most natural style, sometimes scored higher than goals approach because of feeling of relief having a "solution;" limitations - it's someone else's solution and person doesn't learn how to solve problem himself.
- Goals approach. Teaches person how to solve problems by clarifying problem and solution consequences. Person comes up with his own solution and "owns" it???

Session 8: HELPING STYLES - WHAT IS HELPFUL?

10" I. Introduction. Review three helping styles examined in Session 7.

50" II. Task

A. Each individual again chooses problem to receive help on (same criteria as in Session 7). Pair off with another person to receive help. Helping person choose any style he is comfortable with. First person be helped for 20". Interrupt after 20", ask person being helped to take 5" to summarize for his helper what help he has received and action steps decided upon, if any.

B. Reverse above process. Helper now receives help.

30" III. Process-Discussion

Draw the form below on newsprint or on the blackboard and ask members to share their helping experience:

Quadrant #1: What was the helper doing that made it easier to receive help? (Listening, nonjudgmental, etc.)

Quadrant #2: What was the helper doing that made it harder to receive help? (Giving me premature solutions, not sympathetic, etc.)

Quadrant #3: For helpers - what was the person you were helping doing that made it easier to help him? (Not overstating or going into detail on his problem, receptive to suggestions, etc.)

Quadrant #4: For helpers - what was the person doing you were helping that made it harder to help him? (Didn't stay with one problem, didn't really seem to want to help or change, etc.)

- Note the things that people who want help can do to make it easier to receive help.

	What helped?	What hindered (didn't help?)
In the helper	#1	#2
In the person being helped	#3	#4

Session 9: EFFECTIVE COMMUNICATION - LISTENING SKILLS

10" 1. Introduction to task: Form two groups (6-8 people); the groups will work independently, discussing a topic. Assign work areas to each group and tell them to go to their work areas for instructions.

50" II. Task (see, also, Chapter Two)

A. Ask group to discuss the topic assigned to them (see "choosing a topic" below). Tell them to discuss the topic and try to come to some agreement about the topic as a group in 15" after which they will be interrupted.

B. After 15", stop the group, tell them they are to continue discussing the subject for the next 20" but that they must follow the following ground rule:

Before anyone can speak and contribute to the discussion, they must repeat or paraphrase what the person said before them - they must also ask that person if they accurately paraphrased the person before they can continue.

C. After 20" with the "rule", tell the group to continue discussing the topic for another 10-15" without the "rule".

Choosing a topic: The topic assigned to each group should be a challenge statement, i.e., one that will nearly split the group in terms of their opinions. After stating the topic, ask for a quick show of hands of those that agree and disagree with the statement. If not split, alter the topic or choose another. It may also be necessary to change topics at the beginning of the "rule" period. Change topics only if the group has reached complete consensus. Do not change the topic if members say they can in no way reach agreement.

Example: "All people should have the right to kill themselves without interruption from others ."

"Marijuana is no more dangerous than alcohol (. . . is more dangerous . . . is less dangerous . . . prohibit alcohol . . . legalize marijuana)."

20" III. Process-Discussion

A. Did the ground rule make people listen better? During the rule? After the rule?

B. What makes it hard to listen and/or paraphrase? (People talk too long, too many concepts, etc.?)

Session 10: LEVELS OF COMMUNICATION

20" I. Introduction - Communication is NOT easy (see Appendix I-d).

A. Review listening skills learnings (Session 9).

B. Discuss levels of communication

1. Intrapersonal - communication that goes on within yourself.

Example: Ask for a volunteer to step forward for a "demonstration" - after one comes forward, tell him to sit down again and ask the group what were they thinking when you asked for volunteers. Didn't want to volunteer? Didn't want to look like a fool? Might be interesting, etc.? These thoughts are internal communication and decision-making processes that go on within us all the time.

2. Interpersonal - communication between two people.

   Example: As when two people are helping one another, asking for feedback, giving feedback, making decisions, etc.

3. Intragroup - three or more people communicating.

   Example: Group therapy, discussion groups, work groups, etc.

4. Intergroup - communication between two or more groups. Note whether cooperation or competition.

   Example: Groups A and B, labor vs. management, staff and patients, men and women, etc.

40" II. Task

A. Divide group into two or three smaller groups (5-8 people).

B. If two groups, ask the first group to make a list to present to the total group of what helps and what hinders communication between two people. Have each group put this down on a two-column newsprint for their presentation. The second group is asked to come up with a similar list for communication in a group. If there is a third group, a list for intergroup communication or ask them to do one of the same tasks assigned to the first two groups.

C. Each group should prepare a 5"-10" presentation of their lists and a summary of their discussion. They should also decide who or how to present their lists.

30" III. Presentation of Lists and Discussions

Session 11: RESISTANCE TO CHANGE

20" I. Introduction - three factors contributing to resistance to change; change is required in all effective problem-solving (see, also, Appendix I-c-1).

A. Fear of failure.

1. Note: The .300 baseball hitter is usually considered successful, but he is a .700 non-hitter. He fails 7 out of 10 times to hit the ball successfully.

2. Good failures = Learn how to do something differently.

   Bad failures = Learn nothing and are doomed to repeat?

B. Avoidance of frustration - pick the easy way out even if it doesn't work - related to a lack of tolerance for ambiguity or being off balance.

C. Fear of the unknown.

1. What determines whether a person has fear or excitement over the unknown?

2. Always avoiding the unknown limits our choices - can we risk the unknown?

30" II. Task I

A. Ask for volunteer to instruct the group on how to draw a diagram (Figure 4). He must verbally instruct the group without showing them the drawing. The audience can ask questions about his instructions. Get an agreement or willingness from the audience to "stick with the task."

B. After 15", stop the process; have the volunteer talk about his feelings about succeeding or failing - what were the consequences he perceived of succeeding or failing? Ask audience their reactions to what they were doing? Note comments of wanting to give up under frustration and/or rationalizing for giving up (not important, can't do it, etc.).

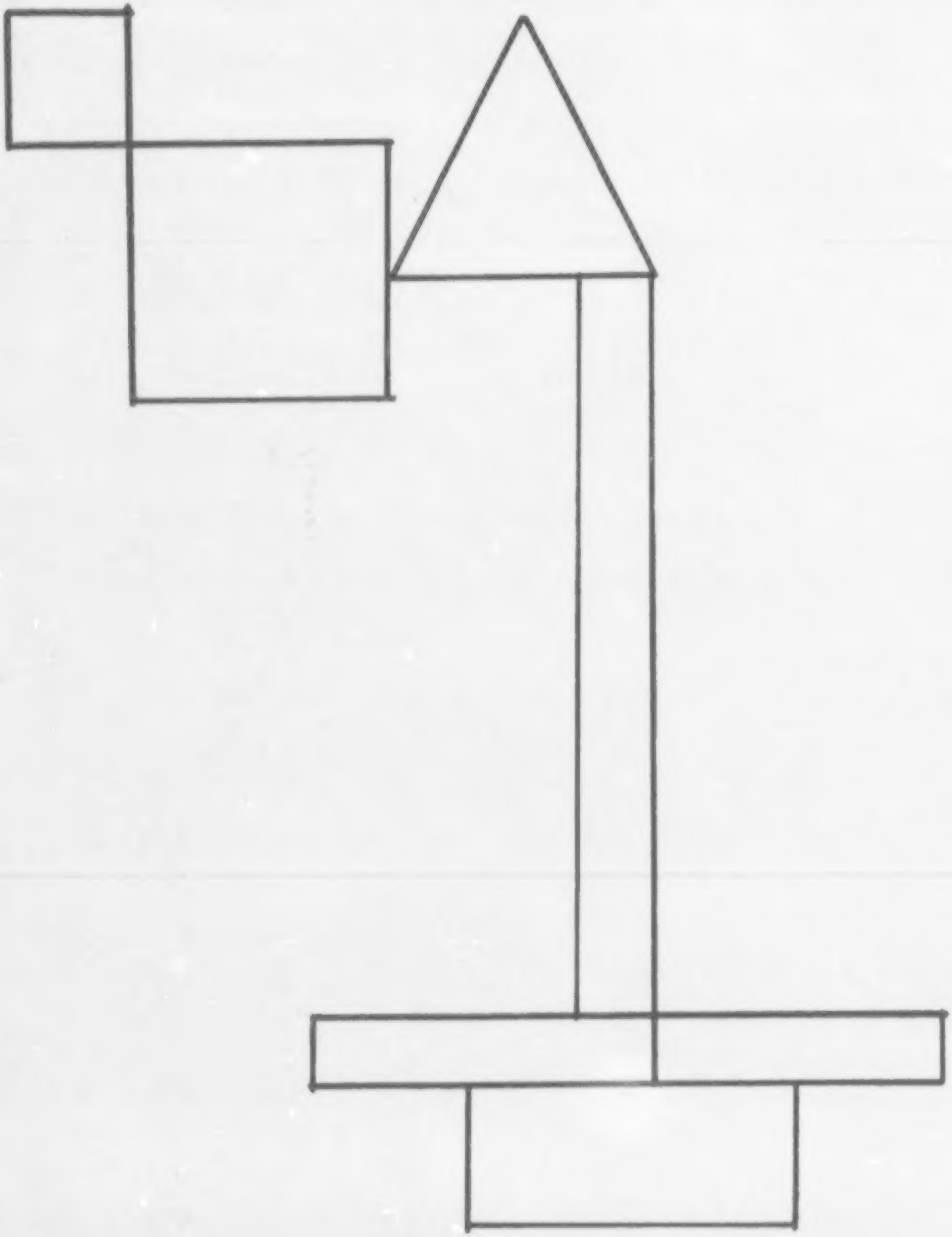
40" III. Task II

A. Think up a situation from the past in which you failed at something that you would be willing to share with another person (5").

B. Pair off with another person, but do not begin to discuss your failure situation (5").

Figure 4

DRAWING DIAGRAM FOR TASK I, SESSION 11



C. Take 5" or so to prepare a description of your failure situation in which you boast about your failure. Exaggerate freely but get the feeling of boasting. Be proud about your failure.

D. Exchange boasts (5" each).

E. Discuss as total group the feelings you had as you were boasting about your failures. Note, particularly, whether the group members noted a change away from shame as they boasted about their failures.

F. When you fail or make a mistake what do you "learn"?

  1. Constructive learning - to try something different.

  2. Destructive learning - I'm useless, I'm a failure.

Session 12: WAYS TO REDUCE RESISTANCE TO CHANGE

15" I. Introduction - Review factors contributing to resistance to change presented in Session 11.

45" II. Task

A. Each person imagine doing something they would like to do, but are not sure they can do it.

B. After 5", ask each person to write down what they would like to do on the form, "What I Want to Do" (Figure 5); also write down the three worst things that could happen if they failed at what they wanted to do (take 10").

C. Finally, have each person write down what they would do or how they would handle the worst things that could happen if they failed (15"). (More time given if they are still working.)

D. Share with someone else your work. Get their reactions as to how you would handle the worst things that could happen (10" each).

20" III. Process-Discussion

Does knowing what you would do to handle the worst things that could happen make it easier to try it or take the risk of failing???

Figure 5

WHAT I WANT TO DO

Something I would like to do:	
What could happen? #01:	What I would do:
What could happen? #02:	What I would do:
What could happen? #03:	What I would do:

CHAPTER SEVEN

PROGRAM EVALUATION*

INTRODUCTION

The evaluation of a training program generally serves the function of determining whether or not a program is meeting its goals. As such, program evaluation data can be used to establish the priorities of training, issues or topics to be focused on in training, the impact of training, and future directions for training. At one level, program evaluation reflects the value of feedback in the TIGER program, i.e., the importance of soliciting and using feedback is emphasized in order to "stay on target" with personal and work goals. Data about the training program are always informally available to trainers in spontaneous comments and reactions to the program from participants, and these reactions and comments are often considered by trainers in making decisions. Program evaluation, in its simplest terms, formalizes this process through a systematic collection and organization of feedback data.

Some hesitancy and reluctance to do program evaluation can frequently be noted on the part of trainers. This reluctance can often be traced to two factors; an uncomfortableness with the usefulness and purpose of "research" in general and secondly, an awareness by the trainer of his skill limitations in doing program evaluation. It is hoped that this chapter will be of assistance in planning for program evaluation by providing a clear understanding of the dimensions of the evaluations that need to be considered in order to maximize the effectiveness of the evaluation process.

Some clarity about the evaluation process can be achieved by differentiating between program evaluation and research. Research is an investigation model that is traditionally applied in those instances where specific hypotheses are being generated or tested. Judgments about the value of hypotheses are made by using probability models and statistical inference. Program evaluation, on the other hand, is an investigation model that involves a broader focus. Information is used to make decisions and judgments about the effect, development, and overall value of a project or program. Judgments regarding the effectiveness and value of a program are made by using implicit or explicit outcome criteria, i.e., to determine if the program is doing what it is supposed to be doing.

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It is true that statistical inference and hypothesis-testing may be utilized in program evaluation and that criterion standards are used in research. The above distinctions between research and program evaluation are not absolute. Traditional research methods, however, may not be adequate to determine the overall value of a program or assist in making decisions regarding the ongoing development of a program. Furthermore, statistical inference and probability models are not required in program evaluation. If it is important to note whether or not a program is achieving an established objective and if that objective is clearly defined it is not necessary to statistically infer if the objective has been met--it either has or has not been met as determined by the data collected. (See also, the section on Evaluation by Objectives.) However, it is the ability of the effective program evaluation to facilitate the systematic planning of needed changes that determines its usefulness and value.

DIMENSIONS OF EVALUATION

Each of the dimensions of program evaluation described below is introduced in the form of a question. Planning for effective evaluation requires that specific questions be asked; the answers help insure that any specific or individual needs of program evaluation will be met. The order in which these questions are asked is also important because frequently the answer to one question will affect the answer to succeeding questions. The dimensions and questions below are thus sequentially listed in terms of the decisions that need to be made in organizing an evaluation program.

A. What is the purpose of the evaluation?

Fundamental to program evaluation is the question of why the evaluation is being undertaken. Program evaluation is most often utilized to determine whether or not the objectives of the program are being met. Evaluation can also be used to justify a program and its continuation or to modify and develop a program. The purpose for which the evaluation is being undertaken will particularly affect the decision of what data to collect. If evaluation is being done to justify a program or its continuation, it may be necessary to keep track of costs (time and money) and determine if the product(s) of the program warrant its expense. If it is not explicitly understood that the justification of the program is an issue to be considered in the evaluation, data that is needed for this purpose may not be collected. Similarly, if evaluation is to assist in program development and planning, information should be obtained that goes beyond a description of whether or not program objectives are being met. For example, are data being collected that answers the question of how the objectives might better be achieved? Because of its importance in keeping a project "on target" with its goals, program modification and development ought to be a major focus of evaluation for local hospital training programs, regardless of the other purposes for which evaluation might be undertaken.

B. Who will do the evaluation?

The question of who should do program evaluation raises the issue of internal vs. external evaluation. More specifically, should the person(s) in charge of a program be responsible for evaluation (internal evaluation) or should someone with little or no investment in the outcome of the program be responsible (external evaluation)? The answer to this question is at least in part affected by the purpose of the evaluation. If the purpose of the evaluation is to justify the program and its continuation, an external evaluator is considered to be in the best position to objectively evaluate the program by using previously agreed-upon criteria. If the purpose of the evaluation is program development and modification, internal evaluation by the project staff may be more appropriate because of their knowledge and skills relating to the program. If both program development and justification are to be served by evaluation, both internal and external evaluators may be needed.

Because of the importance of using evaluation data in modifying and developing a program, the project director has the responsibility for using his staff and resources within or outside of the organization to insure that this purpose of evaluation is carried out. An external evaluator may need to be utilized if the project director and/or project staff do not have the interest, skills or time for program evaluation.

C. What will be evaluated?

It is at this stage in the planning process that decisions are made regarding the kinds of data to be collected for the program evaluation. Is it best to evaluate the workshop, for example, in terms of participant satisfaction or happiness? Should the applicability of workshop learnings or work tasks be evaluated? Should data from patients be collected? Are you interested in behavioral, attitudinal, or perceptual changes? Should elements or exercises in a workshop be examined or should skills and perceptions that are common throughout all exercises be selected for evaluation? The decision of what data to collect should be based on a clear understanding of the goals of the program. If the program is successful in achieving its goals, the data should be capable of reflecting this success. Not being clear on the program's objectives makes it difficult to select evaluation data. The explicit definition of a program's goals is therefore essential to the evaluation process. This issue will be covered in more detail in the section of Evaluation by Objectives.

Once the program's objectives are defined a two-part criteria for data selection can be used: 1) is there a rationale for why the data would be affected by the program, and 2) will the data provide the needed information about the effects of the program? If data on patient or employee complaints are collected, for example, and there is no reason to expect that complaints would be affected by the program, the collection of such data is only time consuming and wasteful. Including data "just to see what happens" may be important in generating hypotheses but may be of no benefit in determining if the goals of the program are being met. If a project is to improve patient or employee relationships, data must be collected which measure the effect of the project on these relationships.

As noted above, the second criterion for data selection requires that the data provide unambiguous information about the expected effects of the program. To the extent that the objectives or goals of a program are explicit, the decision of what data to collect becomes easier, but often it is difficult to define what the goal is in measurable terms. If improving morale is to be one goal of a program, some determination needs to be made about what constitutes morale or how it can be measured. More specifically, an operational definition is necessary, i.e., what countable or measurable behaviors constitute or define morale. "Good morale" may be reflected in low absenteeism and a decision to measure absenteeism is thus made. Other measurable events or behaviors may similarly be identified which contribute to morale, and these events or behaviors become the data to be collected.

Workshop trainers will sometimes choose a commercial evaluation instrument to measure intangible workshop objectives such as morale or supervisor-subordinate relationships. The instrument's scores then become the operational definition of the objective and the basis for determining if the program objectives were met. Some caution is necessary regarding the selection of such instruments, however.

Regardless of the name of an instrument, what is measured by the instrument may or may not provide the information needed for the evaluation. For example, a program's objective may be to improve supervisor-subordinate communication. The program may be successful in achieving this goal, but the data may not indicate this success if the instrument measures some other dimension of supervisor-subordinate relationships that only vaguely resembles the type of communication relationship promoted by the program. In addition, some published instruments will be sensitive to early and less dramatic program effects while other instruments may require extensive changes before any program effects will be reflected in the data. Again, the appropriateness of instrument selection is crucial because it is the ability of the instrument to measure the program's objectives that determines whether or not the evaluation data will reflect the success or failure of the program.

Equally important to the data selection decision is the way that the decision is made. As noted before, the appropriateness of the data to effectively measure the program's objectives should be agreed upon by the training staff and others who will use the evaluation information. If an external evaluator is preparing the evaluation proposal, this person ought to check the appropriateness of the data with project staff and others who will be using the evaluation information. Ample discussion time and negotiation should be allowed for this. Without this agreement, the evaluation information may be of limited usefulness or may be disputed at a later date.

D. Where, how, and from whom will data be collected?

There are many sources and types of evaluation data to be considered in planning for program evaluation. Effective program evaluation can often be accomplished with the use of data that are available and recorded within the hospital system. Personnel files and accounting systems in hospitals are frequently overlooked as sources of evaluation data. On-the-job or simulated behavioral observations may also be used as data sources. Many rating or survey instruments are commercially available for program evaluation. Evaluation instruments can also be designed to meet special evaluation needs. It is important to consider all of these potential sources of data before the final data selection decision is made.

It is also important to consider ways to reduce the intrusiveness of the data collection process. The use of data that is presently available or recorded has the advantage over other types of data in that it doesn't require any special demands on people as data sources. If data are collected from individuals, data demands should be reasonable, clear, and justifiable. Asking for extensive data from a program participant, an employee, or a client-consumer is likely to meet with resistance, or create fatigue which could affect the reliability of the data. If a program evaluation instrument is to be specially designed, questions ought to be simply and directly stated to insure that the required information is obtained. If personal data is asked for, particularly if such data seems to be intrusive, the request for such data should be justified. "Justifying" the request for data from individuals is an important guideline in program evaluation. More cooperation can usually be expected from individuals when they know why the data is being asked for and how the data will be used.

When information is required about the effect of a training program on an individual's performance, data can be obtained from the person himself, from his supervisor, from his peers, or from his subordinates. Differences might be anticipated depending on who is supplying data, especially if these data require a subjective judgment regarding the program's effects. We might also wish to collect data from the consumer of the employee's product or services, i.e., the patient or his family. All people who are potentially affected by the program, directly or indirectly, can supply data on the program in terms of actual or perceived effects.

E. When will data be collected?

There are several time periods during which data might be collected for the purpose of evaluation. Data can be collected prior to the start of a program to provide a baseline measure against which a program's effects can be compared. The collection of base line data is sometimes overlooked and may not be retrievable at a later date if needed. Data can also be collected during a program on a continual or time-sampling basis to note progress toward stated objectives and to make program modifications to insure that the program meets its goals. In addition, data collected during the program may help to identify those program elements which have a greater immediate impact and those which have a greater impact in terms of long range effects. Data which is collected at the end of a program is used to determine whether or not the program goals were met, either in terms of base line comparisons or in terms of other objectives of the program.

It is sometimes important to additionally collect program evaluation data at some period of time after a program has ended. Follow-up data can be used to determine whether or not the effects of the program are short term or more lasting. In some cases, it might be expected that some of the effects or limitations of a program might not appear until after a program is terminated. The latter is often likely to be true in evaluating the effects of time-limited training or educational programs where the integration of program learnings occurs over time.

F. How will evaluation results be used?

In this last dimension of evaluation we return briefly to some of the issues raised in the first dimension discussed--the purpose of the evaluation. If the evaluation data is to be used for program planning, for example, can the evaluation results be used for this purpose? All too often problems emerge at the end of the evaluation process due to the fact that earlier questions regarding evaluation were not adequately answered. If the expectations or objectives of a program were not clearly stated, the evaluation data may not be of much help in determining whether or not the program objectives were met. Even when the program objectives have been clearly stated, the evaluation data may be equivocal. If multiple goals were established and two of four goals were met, would the program be continued? Decisions also cannot be made with evaluation data if the wrong or inappropriate data were collected or if base line data were needed but not obtained. In short, all of the previous dimensions address themselves to issues that will determine the success of the evaluation program in accomplishing its purpose.

In the planning of an evaluation program, it is useful at this point to anticipate some hypothetical results such as those given in the preceding paragraph and to examine how those hypothetical results would be interpreted or used. Figure 1 provides a checklist of the questions and issues discussed thus far, and it can be used as a guide for a critical review of all previous decisions. This review exercise can frequently alert the evaluator to problems in the evaluation design so that they may be corrected before the program or evaluation begins.

The design of a reporting system is one of the final tasks in planning for program evaluation. The reporting system may include feedback and progress reports in addition to any final evaluation reports that may be required. Particularly if the evaluation data is to be used for ongoing program development and planning, the reporting system must provide staff with timely and needed information. The frequency and format of progress reports also need to be agreed upon by the evaluator and project staff so that maximal use of the evaluation results can be made.

EVALUATION BY OBJECTIVES

The establishment and attainment of organizational goals are facilitated when: 1) goals are explicitly defined, 2) realistic action steps are planned and implemented, and 3) progress toward these goals is assessed. Management by Objectives (MBO) is a term used to describe a management approach that incorporates these three elements. MBO can be simply defined as an attempt to more clearly outline the objectives of an organization, and the individuals in the organization, so that a determination can be made of whether or not the objectives have been met. (See Tartar, 1974, for an introduction to MBO concepts and Drucker, 1964, for a more complete description of the rationale and uses of the MBO approach.

In defining MBO, it can be noted that this approach to management subscribes to many of the recommendations previously discussed in reviewing the dimensions of evaluation. The explicit definition of program goals is required both for MBO and for effective program evaluation. The ability to assess program goals and progress toward these goals is similarly required in MBO and in program evaluation. In fact, evaluation by objectives becomes a complimentary process to MBO.

As an evaluation technique, evaluation by objectives proceeds from an examination of the expectations of the program to a determination of how best to quantify and measure those expectations. The definition and quantification of program objectives also assists in determining the feasibility of meeting those objectives. If a measurable goal is established and if the program must achieve that goal in order to be continued, the training staff must determine if those goals are attainable. If it is

FIGURE I

CHECKLIST OF POINTS TO CONSIDER IN PLANNING FOR PROGRAM EVALUATION

A. What is the purpose of the evaluation? (Check all appropriate)

_____Determining if program objectives are met
_____Program justification and continuation
_____Program planning and development
_____Generating or testing hypotheses
_____Other purposes:____

B. Who will do the evaluation? (Check all to be involved)

_____Program director and/or staff
_____Evaluator in hospital not otherwise associated with training program
_____External evaluator not in organization
_____Other:____

C. What will be evaluated? (Consider all of the following criteria)

Are the training program goals clearly defined so that appropriate data can be selected?
Is there a rationale for why the data would be affected by the program?
Will the data provide the needed information about the effects of the program?
Does everyone concerned agree that the data selected will measure the program objectives effectively?
Other considerations:____

D. How, where and from whom will data be collected? (Consider all criteria and data sources)

Data presently available will be used
Data will be collected by using commercially available rating or survey instruments.
Data collection instruments will be designed and used.
Data demands are reasonable in effort, clear, and justifiable.
Data will be collected from workshop participants.
Data will be collected from other people (supervisors, peers, subordinates, patients, or families of patients)
Other considerations:____

FIGURE I CONTD.

E. When will data be collected? (Check all appropriate)

_____Base line or pre-program data needed
_____Ongoing or time-sampling data needed
_____Post-program data needed
_____Follow-up data needed
_____Other considerations:_______________________________________

F. How will evaluation results be used?

Is it clear how anticipated or hypothetical results would be used for the purposes outlined in Part A above?
What feedback or progress reports are needed? When? To whom? In what form?
Other review and planning considerations:___________________________

unlikely that the program can meet those goals because of limited time, resources, or other factors, more realistic goals should be negotiated rather than proceeding with a program which has little chance of meeting its goals.

As has been noted several times, determining program criteria that are clear and measurable can be one of the most difficult tasks in evaluation by objectives. If a training program is designed to teach individuals to type 50 words a minute and if the program will be considered to be successful if 80% of all participants in the program reach that goal, there is little difficulty in program evaluation. The criterion is clear, and there is a universally agreed-upon way to measure the criterion. However, if a program is to affect the quality of service, communication skills, management style, or other intangible concepts, the ingenuity and skills of the evaluator are challenged. Evaluation by objectives, however, requires only that an agreed-upon performance standard is established. The answer to a single question can be the basis for determining a performance standard for a program: if 75% of the participants in a program answer "yes" to the question of whether or not they learned something of value which they believe will help them to do their work better, the program will be considered successful (or continued or expanded, etc.). It can be argued that such a performance standard is better than no performance criteria. Without any performance standard, program evaluation runs the risk of being arbitrary and capricious. For a more complete description of the entire process of program evaluation and for hints and suggestions for evaluation strategy, see Van Maanen (1973) and Harrison (1971).

In establishing precise criteria for the attainment of program goals, it is important to differentiate between absolute and relative criteria. Absolute criteria are not dependent on norms or other referent points. Relative criteria, on the other hand, are dependent on comparison with previous performance or other referent factors. If a program is designed to focus on some performance skill of an employee in his work, for example the goal of the program might be to improve the employee's performance by some degree (relative criteria) or the goal might be to have employees functioning at a specific level of performance at the end of the program (absolute criteria). Both types of criteria demand the same degree of precision in defining and measuring the criteria. If improvement is the goal, a baseline or pre-program measurement serves as a standard by which the program's effectiveness is measured. If absolute criteria are established, however, the baseline measurement primarily serves as a selection or need assessment standard, i.e., an employee who is performing at the established standard level before the program begins may not need the program. Similarly, an employee who is so far below the established standard level as to insure failure should not be admitted into the program. When absolute criteria are used in a training program it is also implied that the objectives are developed from external sources. If external performance objectives cannot be identified (i.e., independently determining what an individual should be able to do after training) absolute criteria cannot be used to judge the program's effectiveness. The special problems and procedures of establishing and measuring absolute criteria are covered more extensively in a manual by Swezey and Pearlstein (1975).

One final methodological note can be made about evaluation by objectives. In many cases a program may affect a large population, and it is not feasible or practical to collect data on the entire population. McLean, Ware, and Littell (1975) have devised a method for determining the probability that the program criteria have been met by evaluating data from a smaller sample representative of the entire population.

CHOOSING OR DESIGNING EVALUATION INSTRUMENTS

In planning an evaluation program which requires the measurement of individual, group, or organizational concepts, there are many evaluation instruments to choose from. Robinson, Athanasiou, and Head (1969) review 80 test instruments used to measure a variety of occupational characteristics from career orientation to leadership and organizational control. Lake, Miles, and Earle (1973) review 84 different measurement instruments for studying organizational, group, interpersonal, and personal variables. This latter book additionally attempts to select instruments for review which have not been reviewed recently or discussed elsewhere. Miller (1970) describes 35 instruments used to measure general social processes such as achievement orientation and small group behavior. In more detail, Likert (1967) describes the designs, instruments, and applications of his work in improving the management of human resources in organizations.

Even with the many instruments available for program evaluation, it may be necessary to design instruments to collect specific information or to supplement the data obtained from other instruments. The construction and design of evaluation instruments require attention to several factors, some of which are outlined below. A more complete treatment of these issues appears in Swezey and Pearlstein (1975).

It is important first of all to recognize that evaluation instruments need not be thought of only in terms of a paper form requiring a person to rate something or express opinions and attitudes. An evaluation instrument could also involve the measurement of behavior or performance in simulated or "real life" situations (for example, a typing speed test). Performance skills might be evaluated on the job by using time-sampling observations. Simulations might be used to evaluate problem-solving skill. The response of an individual to a videotaped situation might be used to evaluate certain skills. Data can also be collected by structured interviews or case studies.

In an ideal evaluation program, the evaluation instruments elicit data that closely resemble the performance required by the program's objective. This does not mean that an action-oriented or performance based data instrument is always desired. Written "tests", for example, may be best suited for evaluating abstract concepts or objectives which require knowledge rather than performance. Even when performance-based data is desired, however, it may not be practical or feasible to collect such data and other data formats need to be considered.

As an alternate to performance-based data, it is common to design evaluation instruments which ask for opinions, attitudes, or perceptions about changes in performance as a result of a program. It is essential that both the instructions and items are clear, unambiguous, and brief. As suggested earlier, the adequacy of the test items also depends on whether or not the questions asked closely approximate the expected data required to evaluate the objectives being measured. This is particularly important in the design of rating scales. Simple numerical scales that relate to program goals may be inadequate. If a supervisor is asked to rate the performance or behavior of an employee on a five point scale with "1" being low or poor performance and "5" being a high performance, it is difficult to know the meaning of a "3" or "4" rating. A descriptive scale which uses words to identify levels instead of numbers (e.g., "fair," "good", or "excellent") is more meaningful and adaptable to different items, but the items may be interpreted differently by different observers. The most meaningful scale is one that uses both a number and a behaviorally descriptive phrase. The more the phrase describes actual behaviors, the more meaningful is the data. This latter type of rating scale also lends itself better to an evaluation of whether or not specific objectives have been met, particularly if the objectives have also been identified in terms of observable behaviors. The decision of whether to use a 3-, 4-, or 5-point rating scale is thus answered by whether three, four, or five different behavioral levels of performance can be specified.

OVERVIEW

Effective program evaluation is based on an understanding of and decision-based response to a variety of issues, including the purpose of evaluation what needs to be evaluated and how, and the application of evaluation data. Effective program evaluation further requires a determination of specific objectives which can be measured. The "Checklist of Points to Consider in Planning for Evaluation" which appears in Figure I can serve as a content review for this booklet and a planning guide for an evaluation program. Attention to these issues of the evaluation process will help to insure that the evaluation program will meet its objectives.

The reader is referred to the Suggested TIGER Workshop Feedback Form at the end of this chapter. This form, along with recommendations for its use, evolved out of the work of a task group of TIGER District Consultants and the form is intended to serve the function of providing comparable data on training workshops across the TIGER training network.

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SUGGESTED TIGER WORKSHOP FEEDBACK FORM

The following suggested workshop feedback form evolved out of the task group work of TIGER District Consultants Jerry Merker, Carl Fletcher, Layne Winklebleck, and Margaret Postlewaite.

Several criteria were used in the design of the instrument. One, it was intended that the form would be applicable to a wide range of workshop formats and contents. The questions thus cover areas that are consistent with the values and goals of the TIGER project which were written so that they could be used, unchanged, in the follow-up evaluations three to six months after training. It was thirdly intended that the items could serve as the basis for collecting comparable data across the TIGER training network to assist in TIGER program planning on a system-wide level. Thus, these items might be incorporated into any existing evaluation instruments now being used by trainers, or they might be the basis for a "new" program evaluation instrument.

Because of the criteria used in designing this instrument, there are some necessary limitations to the sole use of this instrument in program evaluation and planning. Trainers are therefore encouraged to add to this instrument or additionally ask for more information more specific to the design of the workshop being evaluated. For example, other content areas may need to be covered, or it may be useful to obtain feedback regarding exercises or specific workshop elements.

It can finally be noted that the suggested feedback form asks that the workshop participant identify himself. This identification or some coding will be necessary for any follow-up evaluation. Issues of confidentiality and program agreements need to be taken into account, and it may be necessary to omit this request or make it optional. In the absence of strong objections to asking for this identification, it is recommended that participants do identify themselves. The request for this identification supports the value, importance, and effectiveness of feedback which is publicly given and in which ownership of feedback is acknowledged.

TIGER WORKSHOP FEEDBACK FORM

NAME:____________________________________ DATE:____________________

Please answer the following questions to assist in the evaluation of the TIGER training program and to help plan for future workshops. Circle one of the statements below each question that most closely fits your answer to the question. If you circle the statement "No or little improvement" for any item because you believe your skills in the area were already well-developed, please also circle the number in front of the question.

1. To what extent, if any, did the workshop improve your ability to express yourself?

No or little improvement	Some improvement	Good improvement	Much improvement

2. To what extent, if any, did the workshop improve your ability to listen to others and understand their point of view?

No or little improvement	Some improvement	Good improvement	Much improvement

3. To what extent, if any, did the workshop improve your understanding of yourself and how you affect other people?

No or little improvement	Some improvement	Good improvement	Much improvement

4. To what extent, if any, did the workshop improve your understanding of patient needs and patient care?

No or little improvement	Some improvement	Good improvement	Much improvement

5. To what extent, if any, did the workshop improve your ability to work more effectively with others?

No or little improvement	Some improvement	Good improvement	Much improvement

6. To what extent, if any, did the workshop improve your ability to manage problems you encounter in your work?

No or little improvement	Some improvement	Good improvement	Much improvement

7. In your own words, what is the most important thing you have learned in this workshop or will use in your work? (Use back of this sheet.)

NOTES

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APPENDIX A

PLANNING FOR A NATIONWIDE SYSTEM OF MENTAL HEALTH SERVICES

(see P. 1)

PLANNING FOR A NATIONWIDE SYSTEM OF MENTAL HEALTH SERVICES*

Planning and implementation of mental health services in the now emerging era of human ecology requires a critical examination of existing systems of service delivery. With the increased understanding of forces that shape human development and affect mental health resulting from national and international concern about human ecology, the processes of providing mental health services as well as the delivery system itself need reassessment. In human ecology man is defined as being in constant, dynamic and creative interaction with his total environment beginning the moment he is conceived. It is this dynamic interaction and exchange process that shapes and determines what each individual becomes--intellectually, emotionally, and physically. These three human characteristics are critical factors that constantly interact and bear on the mental health status of an individual. Interaction patterns of an individual's development involving both his environment and his inheritance are becoming discernible. Are we capable of changing human development patterns that bear on mental health problems? Are we capable of changing mental health delivery systems so that services are optimally provided to meet need?

Human development and mental health do not occur in closed, predetermined, static systems of society and culture. They occur in open and changing systems and therefore are subject to change. One needs to examine multiple factors and conditions with interlocking relationships as they relate to mental illness and mental health delivery systems. It is the latter, that is, mental health delivery systems paralleling man's interaction with his total environment that needs reexamination for planning and implementing a relevant mental health delivery system. Why should not the structure and function of the mental health delivery system be an open system, open to change and paralleling the dynamic and creative processes that shape individuals? Why should not the delivery system as an organized system take greater advantage of the knowledge explosion in the social behavioral, biological and physical sciences and require acceptance of three commonly stated criteria of mental health, namely--adaptability, a sense of identity and a capacity to test reality. If planned and implemented on these mental health principles, then the organized delivery system would be constantly adapting, coping and changing as new knowledge is acquired and utilized in service delivery. The organized delivery system would assess what "it is" (i.e., identity) in reference to mental health goals and its effectiveness in goal achievement; organizational behavior would be analyzed for purposes of organizational development; organizational development processes would be based on diagnoses of problems which diminish effectiveness and efficiency; and accountable leadership would attempt to modify the delivery system based on reality factors (i.e., reality testing) which are relevant to the functional effectiveness of the organization.

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*Contributed by Cecil P. Peck, Ph.D., Deputy Director, Mental Health and Behavioral Sciences Service, VA Central Office, Washington, DC. Presented at the Fourth International Congress of Social Psychiatry, May 21-26, 1972, Jerusalem, Israel.

Organizational effectiveness and organizational efficiency are not the same. Effectiveness of an organization is achieving objectives. The objectives of a mental health organizational system and subsystems of service delivery are to provide mental health services to an individual or a group. The efficiency of an organization is achievement of objectives with minimum costs and with as few undesirable consequences as possible. In delivery of mental health services the process of achieving reasonable balance between effectiveness and efficiency is always a complex and controversial process involving the deliverers of the service and those responsible for management and administration of the total system and subsystems.

The health service field and specifically the mental health service field face problems not of their own choosing. The challenge for a national delivery service is to plan and develop an organizational service delivery system that is a never-ending process of change. Personnel in the field of mental health are expected to accept obligations of meeting many problems simultaneously in their work style, but also to give single-minded attention to the needs of the individual patient. Invariably mental health workers begin to recognize the linkage between the social system, the economic system, the health system, the educational system, the political system, and others. Interaction processes between these various societal and cultural systems have a direct bearing on effectiveness of mental health delivery as well as the efficiency with which services are provided. These systems effect or determine the resources available for delivery of services. In general, these human systems--social, economic, health, educational, political, etc., are responsible for determining the quality of life for everyone, but they are especially important for the individual with mental illness who is more dependent on them than other persons who have greater control over their own destiny. These systems are created and run by people. They, like each individual, are influenced by the environment, human capabilities and human limitations. They operate within the framework of the total environment. Mental health services must be available based on need and not be a source of economic frustration to individuals. Rich and poor alike are inconvenienced by inefficiency and ineffectiveness. Rich and poor alike are trapped by manpower shortages and lack of facilities for delivery of services. No one is happy about increased costs. Mental health services must be planned and organized so that they reach everyone who can benefit from them; otherwise, the ability to deliver mental health services within the framework of a total mental health delivery system becomes meaningless. Therefore, responsible planning and implementation for a national mental health service delivery system of the highest possible quality requires that the program not be fragmented, impersonal, and of inferior quality.

To plan a specific, delimited and specialized mental health service is relatively easy. To plan and implement a comprehensive service is extremely complex and to plan for a national system of service delivery which is adaptable to demand, needs, and environmental and social changes is extremely complex if not impossible. A plan for mental health services can be considered a projected course of action which involves difficult decisions concerning allocation of resources. This plan derives from assessment of the strengths and weaknesses of the system as well as a data-based analysis which gives direction for delivery opportunity in the real environment. Obviously, alternatives must always be considered as a part of a comprehensive plan and must be based on reality situations inherent in resource limitation and manpower lacks. Planning is essentially a management process of deciding what to do and then getting other people to do it. It involves the wide range decisions necessary to achieve overall goals, but also requires decisions necessary to meet the daily existing patterns of operation and operational schedules. Planning essentially involves the following steps which have been excellently and concisely outlined in the recent book by Gatherer and Warren. These steps are as follows:

1. Analysis of needs
2. Setting of objectives
3. Consideration of alternatives
4. Details of the plan and consultation
5. Logistics planning
6. Strategies for implementation
7. Implementation
8. Feedback
9. Evaluation
10. Reassessment of needs, resetting of objects, and plans.

It is apparent in the steps in planning outlined above, that a circular process is evident. It should be stressed that this self-perpetuating cycle is an essential component of mental health service planning and delivery.

The Veterans Administration system of hospitals and clinics constitutes a comprehensive health service delivery system involving the three broad categories of health delivery, namely, medicine, surgery and mental health. Within each category are the many subspecialties as well as the wide diversity of manpower skills necessary for service delivery and delivery support systems. This national system is composed of 160 hospitals, more than 200 outpatient clinics, 18 domiciliaries, and 76 nursing home bed units. Within this framework are 21 day hospitals for mental health services, with 25 more proposed; 40 day treatment centers for resocialization for mental patients with 14 more proposed; 77 mental hygiene clinics with 16 more proposed; and 44 drug treatment and rehabilitation units. Within this national system it is recognized that all communities where these bases for service delivery are located have demands and needs for mental health services. Mental health services are not conceived of only being provided to the individual designated as a psychiatric patient, but part of the challenge of the VA is to provide mental health services to patients and families who are being treated for medical or surgical problems. This is particularly well illustrated by the existing programs in renal dialysis, organ transplants, neurological handicaps, and the wide range of problems related to patients who may be blind or those who have suffered loss of limbs or organs. In addition to the above the specialized programs, resocialization and vocational restoration, are an integral part of the service delivery mission.

The questions of concern for planning and delivery are constant in reference to the effectiveness and the quality of the service being provided. Such questions include what is the quality of services provided; is the service efficient and carried out in as economic a way as possible; what is the nature of the manpower skills available; what are demands for manpower development in reference to utilization of mental health skills; what is a process of early identification and community follow-up; and what is the place of the patient as a consumer in this total system? Therefore, to plan and implement a program for comprehensive mental health services within the total VA health delivery system is a highly complex process involving the continuum of national planning through the service delivery at the community level. Obviously, planning for a nationwide system of mental health services must take into consideration the social change processes and other interrelated environmental systems as they intimately affect human values which are highly diverse in different communities and geographical regions of the nation. Planning and implementing cannot be removed from social change processes but also cannot be removed from optimal utilization of resources, identifying and coping with problems, and making decisions with the risk inherent in problem solution, delegation of authority, accountability and responsibility, and the institution of effective control measures which relate in a relevant fashion to the quality of services being provided. Planning and implementation of mental health services occurs within a network of priorities that include delivery innovations, a diversity of manpower skills and resources for delivery. Delivery and priorities requiring innovative subsystems may at times be in conflict with legal statutory provisions, policy and regulatory procedures. However, while the need to maximize the interface of delivery systems and processes with legal and administrative procedures, the responsibility to develop new interfaces with other specialized health services also exists in addition to the tempo of changes and stresses accompanying change of human values and social change.

Technological and social change in the last 50 years have raised tremendous questions in individuals and groups concerning the search for and the finding of a meaningful purpose in society which the individual can relate to his achievement and his own self-concept.

Social change does not imply that the society is stable, peaceful and happy and there are a minimum of mental health problems. Rather it implies a degree of tension for constructive change where a high proportion of people will be able to find degrees of fulfillment within the context of the society and the change process. A number of social change characteristics have tended to deprive an individual of his sense of purposefulness and meaningfulness and directly contribute to mental health problems. Some of these social changes that affect mental health for planning purposes are as follows: (a) economic achievement has vastly changed through automation and technological advances which have tended to depersonalize an individual's role in his society as well as create problems of the individual's identity in a changing socio-economic system. Work and its relationship to mental health diminishes in meaning for an individual whereas previously an individual could clearly relate his productivity to his achievement. Now he is increasingly dependent on large systems or the total national economic system. Meaningfulness of work at one end of the continuum must also be related to the use of leisure time at the other; (b) a sensed loss of individual identity handicaps an individual in planning for a meaningful conception of his future within the framework of changing social goals; (c) rapid social change tends to deprive an individual of a sense of belonging in the society. Such is illustrated by new mobility patterns, mass living, rapid transit, etc., which contribute to family or individual mobility from place to place with a lesser sense of belonging to a community. Such forces obviously have a potent impact on younger persons who are just beginning to develop values, beliefs and life commitments. Within the perspective of the adult society who have experienced this change as a more gradual process and perhaps can perceive it as a reward for hard work and to a degree put the change in a historical perspective, this cannot be dismissed for planning purposes; and (d) social and cultural changes, especially for younger persons, have occurred and are occurring in an environment of increasing affluence and expectations. The systems of economics in a way have maximized the individual's freedom of choice, but the younger person has greater difficulty in coping with choice at this same point in time when the value system inherent in social change demands that a choice must be made. Choice decisions are related to tension, greater restlessness, boredom, and difficulty in the "now" oriented choices for life styles. Some characterize youth caught in life style conflict and conflictual choice situations as wanting to repeal the past, reject the future, and make the present permanent.

Another aspect of difficulty for planning for a large national mental health system relates to attitudes toward bureaucracy, expectations of individuals for service delivery, and the perception that expectations have not been met as illustrated by issues in poverty, racial discrimination, and drug abuse. The increased tempo of communications and information input create rising expectations. In addition, a diffused type of feeling exists that the social change is being engineered by large organizations and that one's sense of helplessness is increased by not knowing where to get hold for input. Therefore, a real opportunity and responsibility for the mental health system is to demonstrate performance which can be meaningfully related to public expectations. Added to this is the need to close the gap between plans, research, and implementation. This can be best summed up in the statement that to plan a service is an easy task, but to deliver one effectively every day within the framework of a nationwide system is practically impossible. The closing of this gap for mental health systems in a era of social change requires better integration and more meaningful relationships between the educational efforts of society and the research commitments, so that delivery of services, education and research as interlocking components of a service delivery mission do not become dysfunctional. Uncertainty about resources for education and research do not provide escape mechanisms or rationalizations for lesser involvement of individuals in mental health, but are only another aspect of the search for meaning, relevance, and an understandable role in the social change process.

To maximize effectiveness, efficiency, and to be more responsive to needs, the VA system of hospitals and clinics has been undergoing health service delivery regionalization. Medical health service regionalization is defined as the sharing of health facilities, complex medical equipment, and professional and technical manpower within a community or geographical region. Because of VA's specialized mission and the magnitude of its hospital system, it has been agreed that the VA system of resources be developed to achieve two major goals: (a) insure the availability of the maximum range of health services to veteran patients as close as possible to their homes and to do so with the highest possible professional quality and organizational efficiency at the lowest possible cost; (b) maintain a system to provide the greatest potential for the development of its professional and technical health manpower and serve as a resource for training and supplying such critical personnel to the private sector.

Therefore a decision was made to establish 37 regional districts, each with the potential for fulfilling the basic objective of providing services in a total health care system. Required within each district were that the facilities would be within 100 miles of, or not more than two hours of, 90% of the veteran population of each district. The districts are headed by a Board of Directors which is constituted by the Directors of the institutions within each district. Each district is expected to enhance the relationship between the medical schools and universities utilizing the existing cooperative arrangements. This will provide valuable training and research opportunities for both the VA system and the affiliated universities, but also give assurance that the latest advances in diagnosis and treatment for patients as are found in the universities' resources will be added to the VA health program. It is believed that this regionalization process will be a prototype for identifying new ways to use scarce resources and will be a means to collect and disseminate medical knowledge for all to share.

To tackle the problem, planning for manpower and facilities with justification for budget necessary must be done. In addition to the shortage of those disciplines normally associated with mental health services other personnel skill options are needed for participation in mental health services, but also needed is far greater utilization of automated systems for national and regional program planning and information systems from which effectiveness of services can be reviewed. Accessibility is important in that there should not be a long distance or time variable prior to initiation of mental health services. Early identification and screening in a wide range of facilities is necessary. Each facility must have a mental health delivery potential. Quality must be of only one class, that is, the highest possible quality available. It should be clearly understood that people from lower social economic levels do have high expectations for quality and are aware of lesser quality. Lesser quality does nothing more than reinforce a self-concept of inferiority and difference in lower socio-economic groups. The expectations for quality are there, and mental health service personnel are responsible and accountable to see that they are provided. Needed are more professional staff, more technical staff, more facilities, but above all, a desperate need exists to examine the organizational system. Through organizational ineffectiveness a great deal of resources could be wasted. Since neither the government nor the private sector can fully provide for comprehensive mental health services, it is time that planning be done for a partnership and a meaningful interface between federal, state, community, and other group programs in which the heart of the delivery program is at the community level and that delivery of services is the reason for existence. Organized groups, organized medicine, organized disciplines, the government at all levels, must join together in a community partnership for mental health delivery.

Since World War II there have been gradual changes in social values, particularly in regard to health and mental health. Mental health frequently is considered a luxury, but part of the social values is that these previously considered luxuries are recognized now as basic human needs. Part of the dilemma is trying to assess demand versus need and the reality base from which the delivery system can incorporate need. In developing mental health systems it is expected and considered that the informed consumer will be a participant in determining the objectives, and will have influence in the operational matters affecting the delivery system. The system must operate with effectiveness and of course efficiency, but efficiency should not be the primary focus of this system since effectiveness is dealing directly with human qualities and human values. The system should operate relatively independent of political and economic changes with incorporation of modern systems for career development. Appended to this paper is a brief outline for a Career Development System.

The significant aspect of planning and implementation is to identify the processes of management that are the logical procedure of determining where you are, where you want to be, and how you can get there. Inherent in this is always the option of setting short and long-term goals geared to existing knowledge, resources, and manpower. The problem, then is that of goal planning to identify the differences. In goal planning one should be concerned about (a) are the goals capable of specific measurement, (b) are the goals flexible and realistic and based on actual conditions, (c) do the goals reflect areas of basic responsibility and accountability of the person(s) determining the goals, (d) does goal planning provide for and require an objective analysis of the facts, opinions and ideas of worker, supervisor and management to encourage full involvement and commitment to an agreed-upon course of action, and (e) are the goals expressed in terms of what is to be done and not how they are to be accomplished.

After identification and agreement on the goals, one can begin to specify general areas of responsibility, specific responsibilities, develop measurement processes and utilize measurement as an evaluative process. It then follows that specific issues which handicap goal achievement can be identified with alternatives for solution that permit movement towards the goals which were earlier established. Based on this process, goal modification may need to occur. Having described issues, problems, and goals, decision-making enters the situation. Decision-making requires some understanding and definition of the problem so that all concerned understand what the condition is now and what is wanted. Information is then collected and analyzed in order to develop options that deal with reaching solutions to the problem or facilitating goal achievement. Following this, options are then specifically and clearly developed from which decisions are made. Testing the options follows with evaluation. In essence, goal programming requires answers to these questions--what should be accomplished, who will be responsible and accountable, and how will it be accomplished? In addition, accomplishment will have to be based upon some agreed-upon criteria with careful consideration given to how often will progress towards the goal be measured and reviewed with reference to when specific time-points can be correlated with goal achievement.

Organizational development is an effort to assess management style and organizational behavior. The relationship to each other is called organizational development. This process of organizational development through utilization of modern behavioral science methods should be one of the real keys to the 1970's. In organizational development, statistics are hard to come by. However, recognition is growing that improved technology requires better human capabilities. Implementation of mental health services cannot be accomplished by pushing buttons, nor is retraining in new motor or intellectual skills enough. Implementation and retraining require a new interpersonal process and group skills within the framework of organizational development.

Inherent in organizational development are these processes: How can one surface and use conflict creatively, how to define and systematically solve problems, how to seek innovative solutions, and how to involve people in the design of their own work process so they will be highly motivated, more involved and more committed to the goal? Generally, the processes of organizing people for mental health services are in their infancy. One can provide individuals with necessary tools and reward them for their contributions, but development of a national mental health system is far more complex than organizing a specialized delivery process or a national system for managing physical assets like equipment, land, building and cash flow.

In the last decade improved ways of defining and measuring the human interaction in organizational processes have occurred in relationship to internal changes. In mental health one needs to assess the rigid hierarchical type organization structure which so frequently dominates a delivery system. Channels for communication and levels of responsibility are necessary but may often appear to defeat goals and tasks that are supposed to be facilitated by such channels. Some innovation and experimentation is required with temporary systems in which a work delivery chain is built around a problem which is selected for relevance and not job titles which perpetuate the "great diploma divide." Temporary systems and democratic decision-making are an essential feature of many aspects of management, although the complexities of a participative process and frequently the slowness with which goals are achieved, or the conflict which emerges dampens enthusiasm for this particular approach. However, the basic premise in this process is that it is a dynamic structure rather than static, which should in turn liberate much more creativity in ways that as yet cannot be fully understood. In other words, effectiveness, efficiency, measurement of achievement are fed back to the participants which contributes to greater effectiveness. In some ways, then, we have no precedent for organizing in new ways. We learn to treat patients and talk with expertise, but building a mental health delivery system for more effectiveness is more difficult than the textbooks or experts have devised. From this standpoint then behavioral science approaches with definition and evaluation should provide necessary measurement and feedback through an interaction influenced system in which the casual, the intervening and the end-results variables can be examined by those responsible for leadership. Utilizing this process accepts the fact that the dynamic organization in the field delivery units will be in constant state of experimental processes. Based on evaluation of such processes, constructive change can be initiated.

From the organizational standpoint for mental health, the behavioral science model would have concepts built around a human organization utilizing principles of scientific management, but also recognizing self-motivation and self-development of all participants in mental health services. In a way, the behavioral science model would provide for full development of "a man and a system" in which role behavior of leadership at various levels of responsibility would be that of problem-solver, team-handler, coach, change-agent, educator and facilitator. In other more formal and long-standing management systems, where organizations were typically much more formal and the principles of scientific management where incentives were maximized, the leadership positions were essentially built around "development of the man." In other words, the "great man" theory was dominant and the individual in a leadership position was conceived of as being forceful, decisive, action-oriented and having a high level of expertise. The behavioral science model requires a much more complex type of leadership style. This model incorporates more dimensions related to the effectiveness of the individual and his ability to stimulate and motivate others and to delegate responsibility and accountability. Leadership style must include an understanding and perception of values and value changes not only in the organization, but should include efforts to relate value and value change to the societal groups from which demand-need presses emerge for mental health delivery. There must be understanding and acceptance of the evaluation process and a commitment of oneself to continued education as a critical variable for self-development in the delivery system.

What type of leadership for mental health programs of today and tommorow poses a challenging developmental question. From a behavioral science standpoint, what types of model can be constructed that would have relevance in effecting change in mental health delivery systems? Certain assumptions must be made concerning characteristics of leadership that bear on this question, such as (a) social and technological change will continue at an increasing rate not before experienced by man; (b) leadership requirements are changing, paralleling the social and technological change; (c) vast accumulation of new knowledge precludes leadership from maintaining specialized expertise in all subject areas necessitating a "learning to learn" process to insure leadership itself changes; (e) human values are changing to which leadership must be responsive; and (f) behavioral studies should be made on leadership styles and organizations, organizational systems and subsystems.

Some qualities that could be important for leadership and which relate to performance effectiveness and interaction with other persons in achieving goals of the organization can be identified. Required for this is a need to know more about one's self and maintaining the "learning to learn" attitude. Inherent in this process is (a) awareness of one's needs, goals, values, etc.; (b) awareness of one's own biases and hangups; (c) awareness of one's impact on others; (d) awareness of perceptual differences; (e) development of communication skills relating to awareness which involves exchange of meanings that occur not only by the transfer of words and learning to listen in ways that communicate feelings which may be masked by the content of words; (f) ability to create a work atmosphere of openness and supportiveness which recognizes that feelings and emotions are real data influencing factors that contribute to action that can interfere with or facilitate a team building process.

Leadership should also have skills for handling of multidisciplinary teams which will be needed in goal setting, problem solving, team building, and development of specialized work groups for problem solution and service delivery. Leadership should have knowledge of occupational building methods which relate to the integration of the individual mental health worker and small groups of mental health workers to the total system. This implies that one begins to look at the total system and organization from the standpoint of certain cultural processes which relate to career growth. Cultural process refers to value systems, customs, traditions, motives, etc., which involve organizational behavior patterns. Conflict within this framework can occur, but is not necessarily disruptive as it can be utilized by leadership to create a source of innovations and solutions to problems. Organizational culture can be looked upon as a complex characteristic which involves a wide variety of leadership styles and role behavior encompassing the continuum of autocratic through democratic. Knowledge of the above can constructively contribute to thinking, feeling and acting as important variables in a leadership process. Within this framework, efforts are made to develop an interwoven and integrated pattern of organizational development which encompasses the human system in the organized delivery system. One must assume that in man, one cannot get rid of values and life value choices that are a part of the system and subsystems. The future is based on effectiveness of man, on human decision making, and this decision making is not a function of nature.

The qualitative nature for determining decisions remains critical but must be tempered by information input from adequate information systems necessary for effective leadership. One could say "what would you do when a crisis occurs?" A crisis within this framework can be perceived as a failure of imagination. However, the building for a system's effectiveness will contribute to crises prevention.

With the changing social and life style patterns, one can identify population growth in which there is a larger predominance of youth as well as a substantial aging population, a rise in the educational level, a change in values in society which relates to participation and involvement, rapid technological development, a knowledge explosion particularly in the social and behavioral sciences, and total environmental changes in which the mental health delivery system must exist and in which people must live. Social change is best characterized by temporariness in our society in which adapting and learning is a life-long process. Therefore, with temporariness there is need for adaptiveness in the organization for the delivery of services. This requires a systematic approach to organizational development in which one can utilize an array of new ways in looking at a man, a group, and an organization. The traditional way of approaching delivery systems has been "development of the man." The behavioral science system which requires an acceptance of the behavioral processes and changes in society necessitates a greater consideration for simultaneous development of the "man and the system." This requires then an identification of individuals and the development of a team for phase one. In phase two, the top work team develops the goals, settings and institutes a process of team development. The third phase is an intergroup phase in which a mix occurs of the typical line staff, line officials and staff. The fourth phase is utilizing and developing an optimal organizational blueprint which has a dynamic structure that is subject to modification. At this point of development of "individuals and the system" programs are implemented. The last phase is a critique which consists of an evaluation of what has happened in the first five phases. In the above processes a sharing of power occurs but this does not imply that authority and accountability are so diluted that identity of persons, disciplines or positions are lost. With the ability to share power, mental health personnel are more comfortable and ultimately greater effectiveness should be produced which maximizes knowledge and skills for delivery of services.

In developing leadership one must accept the fact that leadership functions can be defined and if they can be defined then they can be learned. This involves helping an individual to learn, but not necessarily teaching him. It results in clarifications of goals by accepting the fact that a person may need help in identifying goals. This helping process is frequently only a process of clarification since learning is an internal, individual process. There is a need to assess such experience with the assumption that an individual in leadership can learn from this process. Such learning experiences require that there be feedback to the individual from this experience. There are essentially six areas of learning involved in leadership development which include (a) facts, (b) understanding, (c) attitudes, (d) values, (e) interests, and (f) skills. A need exists to create a learning climate for adults. Major pitfalls and hindrances for a learning climate are excessive use of unstructured situations, a know-it-all attitude, distractions, poor equipment and size of the group. Helps for adult learning are a comfortable, nonisolated physical environment, use of a participative model for goal identification, use of noncompetitive methods, a supportive learning environment, and the providing of feedback to individuals.

As we move into the 1970's social change will continue to require individual self-fulfillment which is one of the primary purposes of the whole concept of mental health. The art of progress in mental health systems will be to preserve order amidst rapid social and technological change and to preserve the concept of change amidst order.

Career Development Systems

1. Career field design:
    - Field definitions
    - Patterns
    - Monitoring
    - Modifying
    - Feedback
2. Manpower planning:
    - Workforce data
    - Staffing needs
    - Replacement capability
    - Identification
    - Annual review
3. Intake programming:
    - Closed
    - Open
    - Universities
    - Colleges
    - Community
4. Career Development:
    - Interface with the education, professional and administrative services
5. Career progression:
    - Identification system
    - Appraisal methods
    - Guidance
    - Selection
    - Feedback
6. Career systems management:
    - Staffing by multidisciplinary team
    - Develops and implements
    - Evaluation
    - Modification
    - Research and development
    - Budget
    - Feedback

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APPENDIX B

THE LABORATORY METHOD OF LEARNING

(see Pp. 5, 111)

THE LABORATORY METHOD OF LEARNING*

The laboratory approach is an educational method that has been "discovered" and developed by the National Training Laboratories Institute for Applied Behavioral Science, from 1946 to the present. While more traditional methods of education, such as lectures, panel discussions, and seminars assume a rather passive recipient, the learnings from the laboratory method emerge from the participants' experiences and are processed and conceptualized by staff and participants together. Another feature present in the laboratory approach, but not considered in the lecture method, is the affective component of learning. Feelings, and the attitudes they support, are facts which strongly influence the learning process and determine, to a large extent, how we will behave in relation to others. The experiential approach to learning is better able to reach the affective resources in individuals and make them available for both personal growth and professional development.

The Process Model

The learning process in the Human Interaction Training Laboratory follows a model developed by Kurt Lewin (frozen--unfreezing--change--refreeze). This model describes the person's habits, attitudes, and modes of responding as being in a frozen state at the beginning of the laboratory experience. As the participant becomes involved in the laboratory and experiences dilemmas which are not resolved by his old responses, he begins to search for alternative ways of dealing with the problem. In the process of giving up old behaviors and searching for or experimenting with, new behaviors, the previously used ineffective responses begin to unfreeze. During the change or learning phase of the model the participant's new behaviors are either being reinforced by positive feedback or dropped as a consequence of negative feedback. Those responses or new behaviors which are rewarded by positive feedback are then refrozen or integrated into the participant's repertoire of problem-solving behaviors. The model is a dynamic and continuous process which can be occurring simultaneously at different phases for different interpersonal situations and problems.

The Implementation Model

During the course of the laboratory the process model is implemented on the behavioral level by a learning formula developed by Robert Blake, called,"Dilemma-Invention-Feedback-Generalization" (DIFG). When participants arrive in the laboratory many of their styles of dealing with problems of living are deeply ingrained and inflexible. In spite of the ineffectiveness of the solutions (fight, flight, symptoms, etc.) they use in attempting to resolve everyday dilemmas, they tend to repeat these solutions in handling recurring or new conflicts. As in life, the laboratory presents many dilemmas, some of which arise naturally and some of which are created by the staff. In meeting many of the new dilemmas (Dilemma I.F.G.) presented on the laboratory (or old recurring unresolved dilemmas), the participants initially fall back on old resources or "frozen" behaviors which may not be effective in the new situation. The dilemmas may also represent a disconfirmation in perceptions of self and others. When the "frozen" responses are not effective, participants are then forced to try out alternative ways (D. Invention F.G.) of dealing with the problems or other ways of looking at self and others. The dissonance or disconfirmation experienced during the Dilemma-Invention phase describes the "unfreezing" process.

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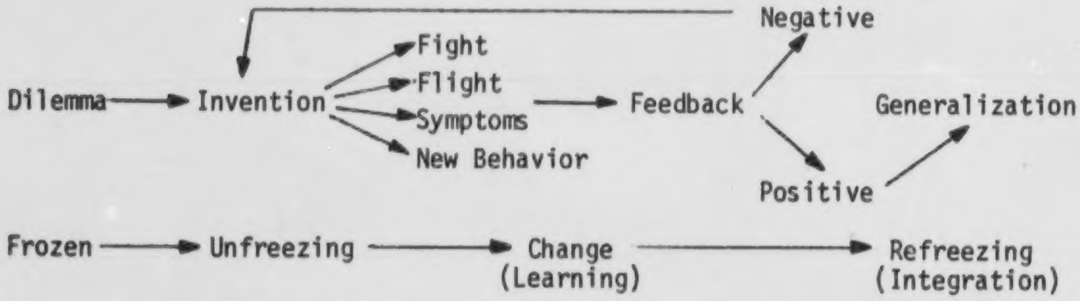
The effectiveness of a solution is determined by the kind of feedback, or consequences (D.I. Feedback G.) that the person receives from the people involved in the problem situation. If solutions are ineffective, as determined by the feedback, the participant then returns to the invention stage to try out alternative solutions or modify the ineffective ones. Feedback is the critical factor in learning new responses or dropping old ones. Feedback is a reaction to another's behavior, in terms of one's feelings and perceptions, as to how that behavior is affecting us. One can also ask for feedback about one's own behavior from others.

From those solutions which are effective the participant may then draw generalizations which he can then apply to newer or similar situations. The process of utilizing feedback to modify or reinforce the solutions describes the "learning" phase of Lewin's model. The process of generalization or application (D.I.F. Generalization) describes the refreezing or integration phase of Lewin's model.

The Laboratory Model of Learning



The way in which this learning process and implementation model is utilized on the laboratory enables the participant to look at his own problem-solving style. That is, as interpersonal dilemmas occur on the laboratory and in the development groups participants respond in ways that characterize a life-long style in handling these kinds of problems. As the dilemma-invention process is repeated in a variety of interpersonal situations the participant's problem-solving style emerges and is observed by other participants. Through the process of feedback from other group members the individual participant becomes aware of his style and its consequences in terms of effective problem-solving. With the help of other group members he is then better able to assess how he needs to change his style in different kinds of interpersonal situations in order to increase his chances of success in resolving the problem.

For the participant the generalization process assumes a kind of IF - THEN set of principles which he can apply to himself and others. That is, IF I find myself in an "X" situation THEN my usual style is to respond in "Y" way. For "others" the principle goes IF "A" is in a certain kind of situation THEN he tends to behave in "X" way.

Laboratory training is the process of abstracting general principles, from experiences, about oneself, others and groups, and applying these principles to other similar situations back home. Thus it is the job of the designer of laboratory training to create dilemmas that have some relevance to back-home life. In working through these dilemmas, the participant is afforded an opportunity to become more aware of his own problem-solving style.

APPENDIX C

NATIONAL TIGER PROGRAM EVALUATION SUMMARY

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NATIONAL TIGER PROGRAM EVALUATION SUMMARY*

I. Introduction

At the 1972 VA Annual Research Meeting in New Orleans, a group of people from Central Office, the Houston VAH, and other field stations met to discuss the possibilities of a national VA program designed to improve the interpersonal skills of VA employees. The goal of the program would be to enhance the quality of health care delivery to veterans and their families and to improve employee relationships and communication. In part, the need for such a program was demonstrated by the number of complaints and problems which emerged in the VA receiving clinics due to ineffective handling of the large intake and patient load. In addition, pilot studies have shown that during the admission process, patients rank the helpfulness and courteousness of employees as more important than, or at least as important as, finding out what is wrong with them.

It was recognized that the issues raised by patients and the problems that emerged would not go away by simply issuing a memo that all VA employees would henceforth be friendly, helpful, and courteous. A decision was made, therefore, to initiate a pilot training program for ambulatory care personnel in 12 hospitals to assist employees in developing more effective interpersonal skills. Based on the success of this pilot program, the Veterans Administration decided to expand the training program in FY 73-74 to include all VA Hospitals and to give this program high priority. The decision was also made to no longer restrict the program to employees in outpatient services but to make such training available to essentially all professional and nonprofessional VA employees, including both treatment and administrative personnel. The program was officially named "Training for Individual and Group Effectiveness and Resourcefulness," to which the acronym "TIGER" was applied.

The TIGER program has a diversity of goals and identities that make it difficult to describe. From a consumer point of view, the TIGER program represents the importance that the VA places on being responsive to veterans and their families. From the point of view of health care delivery, it represents an innovative approach to improving health care that is not based on new technology or new information about disease processes. From the point of view of the hospital as a human organization, TIGER represents an attempt to better use hospital resources to adapt to the changing social needs and demands made upon the hospital from the social and political environment as well as demonstrating a positive value in, and movement toward, team involvement in the management decision process.

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*The staff during the time period of the national evaluation project included Rodney R. Baker, Ph.D., Richard L. Brown-Burke, Ph.D., Quentin E. Dinardo, Ph.D., Richard Ermalinski, Ph.D., Philip G. Hanson, Ph.D., and Joyce Paris, M.A.

Few people would argue that good interpersonal relationships between patients and employees are not important, or that good employee relationships are not desirable. The TIGER program, however, is unique within the VA system in that it applies an experiential learning methodology to obtain these goals. This methodology is referred to as the laboratory education model (see Chapter One).

In order to assess the effect of this training program on VA employees, twenty-four hospitals were selected for research purposes, to examine the perceived and actual changes in organizational, work task, and interpersonal behavior due to the training experience. Twelve of these hospitals were designated as experimental hospitals, and data were to be collected on employees at these hospitals both prior to the establishment of the TIGER training program at their hospital and again after the training program had been started. The pre-post testing time difference was designed to be approximately five months. The other twelve hospitals were designated as control hospitals, and the same data were to be collected on employees at these hospitals, but at three time periods. The training program was not initiated at the control hospitals until after the second testing period, with the third testing representing their post-training data. The control hospitals were selected to match the experimental hospitals on several dimensions: size, type of hospital (GM&S vs. NP) and location (rural vs. urban).

In order to identify a comparable population of employees at each hospital, research data were collected on ambulatory care personnel. It can be noted, however, that non-ambulatory care personnel also attended workshop training and that not all research subjects attended a training workshop prior to the post-testing phase. Those research subjects in experimental hospitals who did not receive training also served as an additional control population, i.e., by comparing their data with those subjects who did attend a training workshop from the same hospital. Similarly, subjects from the control hospitals who received training can be compared with those who did not receive training.

It can be noted that two hospitals were officially dropped from the sample. Research site visits were made to each of the twenty-two experimental and control hospitals. Interview data from these visits will be presented and discussed in Section IV.

II. Description of Evaluation Instruments and Hypotheses to be Tested

A. Management Diagnosis Chart (MDC)

In order to assess perceived changes on organizational factors, the Management Diagnosis Chart (MDC) was given to subjects on a pre- and post- training basis. The MDC was originally developed by Rensis Likert, who permitted us to modify his scale to be more appropriate for our purposes. The MDC asks employees to rate their hospital work unit on eighteen variables such as supervisory relationships, the way work goals are set, how decisions are made, and how the hospital work unit generally involves and motivates its employees. For each of the items on the MDC, the employee is asked to rate both how he perceives his hospital work unit to be operating at present, and again in terms of how he would like his unit to be operating.

Data on the MDC from 200 ambulatory care employees from ten hospitals were factor analyzed to provide a normative or standardized based factor scoring formula, in order to reduce and organize the data into a more parsimonious and factorally valid form. Only the way in which employees presently perceived the hospital work unit to be actually operating was used in the factor and in the preliminary data analyses. Three factors emerged from this analysis: (a) communication and trust between supervisors and subordinates, (b) management involvement of subordinates in decision-making, and (c) the responsiveness of management to the needs and goals of employees. Pre- and post-training factor scores on these dimensions were then calculated for all research subjects.

Although the TIGER program potentially affects all of these organizational variables over longer periods of time, the only formal hypothesis to be tested regarding the MDC was that communication and trust between supervisors and subordinates should be significantly improved as a result of TIGER training.

B. Employee Job Assessment Form (EJA)

An evaluation of the work tasks of employees was accomplished by using the Employee Job Assessment Form, developed by Herman Efron of Health Systems Research & Development Service in Central Office. This instrument asks the employee to rate his work on twelve dimensions, such as satisfaction, being appreciated, and team involvement. Factor scores were calculated for each subject on this information. These factors were (a) having interesting, challenging, and enjoyable work, (b) having a supportive and cooperative work environment, and (c) having an essential work task to perform. It was hypothesized that as a result of TIGER training, the employee would rate his work significantly higher on all three factors.

C. Dimensions of Managerial Behavior (DOMB)

The work group behavior or style of the employee was evaluated by the Dimensions of Managerial Behavior questionnaire, developed by Richard L. Brown-Burke and Philip G. Hanson. This 72-item instrument asks the employee to rate his own behavioral style and effectiveness in work groups. A factor analysis produced four factor scores on the following behavioral dimensions: (a) being responsive to others, (b) being a good utilizer of people resources, (c) exerting influence and not avoiding conflict, and (d) being rational and analytical. No hypothesis was generated regarding the last factor, but TIGER training was hypothesized to significantly increase self-rating scores on the first three factors, i.e., being more responsive to others, using people resources, and exerting influence.

III.. Statistical Procedures and Results

Factor scores on the three instruments were analyzed by analysis of variance with repeated measures using the trained-not trained dimension as one independent variable and the control vs. experimental hospital status of the employees as another independent variable. A significant treatment by pre-post interaction is thus required for support of the hypotheses, and a significance level of 0.05 was arbitrarily required for support of the hypotheses. Cell mean differences were examined by partial $\underline{t}$ tests, with the error term being the analysis of variance mean square error for subjects by pre-post treatment. Transfers and leave status differences on the days of testing accounted for a 20-30% attrition rate in sample size from pre- to post-testing, and an additional 10% attrition was due to missing data within instruments.

Complete pre- and post-testing data, as required by the experimental design, was obtained from only four experimental and five control hospitals. Pre-testing data were obtained from all 22 hospitals with a combined sample size of 600 subjects. Post-testing data were not available from 10 of the experimental or control hospitals within six months after pre-testing, as required by the design, and thus these hospitals were excluded from the analysis. Three of the experimental hospitals were also excluded from the analysis because there were less than five ambulatory care personnel who had gone through training during the six months following pre-testing. These hospitals were excluded even though, in some cases, many non-ambulatory care personnel had received training during this time period. From the remaining nine hospitals, complete pre-post factor scores were obtained on 151 to 184 ambulatory care personnel. Depending upon the instrument being analyzed, the sample size for the trained subject group ranged from 64 to 75. Fifty-one percent of the research subjects were from Medical Administration Service, 27% were from Nursing Service, and 9% were from Medical Service.

On the MDC, the hypothesis that training would significantly improve communication and trust between supervisors and subordinates was partially supported. A significant increase was noted on post-testing for those control hospital subjects who had been trained, but this effect was not found for the experimental hospital subjects who had been trained.

Significant treatment by pre-post interaction effects were neither hypothesized nor, in fact, found on the other two MDC factors regarding the involvement of subordinates in decision-making and the ratings given management on responsiveness to the needs and goals of employees. It can be noted, however, that there was a significant pre-test score difference on this latter factor: the subjects who were trained rated management on pre-testing more responsive to employee needs than did the subjects who did not receive training. This raises the speculation that employees who saw management as less responsive avoided or elected not to receive training. However, the subjects who received training rated management as less responsive to their needs on post-testing, although this was not a significant change.

On the EJA, a significant treatment by pre-post interaction effect was noted for the third factor, the essentialness of the work task. Subjects who received TIGER training rated their work as more essential on post-testing than they did on pre-testing. No interaction effect was noted on the factors dealing with the supportive and cooperative nature of the work environment or the work task being interesting, challenging, or enjoyable. As was noted on the MDC, however, subjects who eventually received training rated the supportive and cooperative nature of their work environment higher on pre-testing than did those subjects who never received training. As was the case with the MDC, after training these subjects rated their work environment as less supportive and cooperative than they did before training. A tentative interpretation of these data is that, as a result of training, employees are more appreciative of the importance of, and potential for, support and cooperation and are more aware of the inadequacies of organizational support and responsiveness. This interpretation is supported by other organizational research. Additional data pertaining to this interpretation will be presented later, from the research site visits.

The self-rating data on group behavior obtained from the DOMB showed no significant changes on the factors measuring responsiveness to others and exerting influence. A significant treatment by pre-post interaction effect was found, however, for trained control subjects on the factor evaluating the utilization of people resources. Experimental subjects who were trained also scored high on this factor on post-testing, but failed to reach significance.

Although no hypotheses were generated regarding the effect of training on the rational and analytic behavior of employees in work groups, it was found that employees rated themselves as less analytical after training than was the case prior to training. This effect was more pronounced for experimental hospital subjects who were trained. They also rated themselves initially higher on rational and analytic behavior as compared to the pre-test scores of the control hospital subjects.

In summary, then, three of the hypotheses received at least partial support. Employees who received TIGER training perceived their work to be more essential or important after training than before training. They also perceived supervisor-subordinate communication and trust and using the resources of other people to be higher after training. The data also reflect a possible implicit selection process occurring in that employees who elected or received training were generally those who initially saw hospital management as more responsive to their needs and rated the supportive nature of their work environment initially higher than those employees who avoided or did not receive training. The finding that employees rate management and their work environment as less supportive after training is considered to be in part due to a greater awareness of the potential for better responsiveness from the hospital organization.

Based on pre-test data from 22 hospitals and an *n* of about 600 subjects, we have additionally correlated factor scores across all of the instruments used in our program evaluation. Significant correlations have been found between employee ratings of their work and the ratings given the hospital organization by employees. Having interesting, challenging, and enjoyable work and having a supportive and cooperative work environment are both positively correlated with good communication and trust between supervisors and subordinates and the responsiveness of hospital management to the needs and goals of employees (see Table 1).

Table 1

TIGER DATA: INTERCORRELATIONS OF FACTOR SCORES
(Management Diagnosis Chart, MDC; Employee Job Assessment Form, EJA; and Dimensions of Managerial Behavior, DOMB): Pre-Program Data Only--22 Hospitals
4/1/75; n = 600*

Variables	1 Yrs VA	2 Age	3 Sex	4 MDC I	5 MDC II	6 MDC III	7 EJA I	8 EJA II	9 EJA III	10 DOMB I	11 DOMB II	12 DOMB III	13 DOMB IV
1 Years in VA	--												
2 Age	(.57)	--											
3 Sex (Male code = 1) (Female code = 2)	(-.11)	(-.22)	--										
4 MDC I: Poor communication & trust between supervisors & subordinates	(-.06)	(-.14)	(.05)	--									
5 MDC II: Management involvement of subordinates in decisions	(.04)	(.06)	(-.08)	-.31	--								
6 MDC II: Management not responsive to needs & goals of employees	(-.13)	(.14)	(.07)	.46	-.38	--							
7 EJA I: Having interesting, challenging, & enjoyable work	(.15)	(.13)	(.01)	-.22	.19	-.26	--						
8 EJA II: Having a supportive & cooperative work environment	(.10)	(.18)	(-.10)	-.34	.23	-.31	.40	--					
9 EJA III: Having an essential work task	(-.06)	(-.02)	(.05)	-.08	-.09	.07	.11	.04	--				
10 DOMB I: Rating self as responsive to others	(.04)	(.07)	(.08)	-.21	.08	-.12	.11	.08	-.03	--			
11 DOMB II: Rating self as poor utilizer of people resources	(.10)	(.15)	(-.01)	.00	-.04	.04	-.11	-.02	-.10	.14	--		
12 DOMB III: Rating self as exerting influence & not avoiding conflict	(.15)	(.18)	(-.08)	-.13	.10	-.15	.17	.13	-.02	.38	.19	--	
13 DOMB IV: Rating self as rational & analytical	(-.04)	(-.02)	(-.08)	.14	-.10	.10	-.06	.01	.04	-.24	-.25	-.21	--

* Correlations greater than ±.13 are "significant" at the 0.001 level.

IV. Research Site Visits

Let us turn now to consideration of the findings from the research site visits. The 22 research hospitals remaining in the research sample had each been visited at least once by National TIGER staff to assess the effectiveness of the training program. The people interviewed included the Director, Assistant Director, Chief of Staff, relevant service chiefs, the training team, and representative participants from TIGER programs.

We were interested in their knowledge of the TIGER program and in their reactions to, and support for, TIGER training. In general, a high degree of top administrative support for TIGER was found, along with high enthusiasm by participants in TIGER training. On the other hand, considerable resistance was found among medical staff and in many first line supervisors and some service chiefs, based primarily on work overload and time involved in training.

It was possible, in these brief one- or two-day visits, to form a clear impression of the training program and hospital climate *vis-a-vis* training goals, and consequently to distinguish between degrees of success of the TIGER programs. Degrees of success were based on such factors as: adequacy and competency of the trainers *and* the basic TIGER program, enthusiasm and motivation of the trainers, number of participants trained, and support for TIGER on the part of both top administration and service chiefs.

It is possible to further understand the research findings, in part, by examination of both our site visit observations and from reactions by former participants in TIGER training during these visits.

First, the basic training programs in the research hospitals have rarely been more than 20 hours in length, a very minimal time period in which to anticipate training effects; many of the programs, both because of time pressures and administrative restraints, have been even shorter. Administrative pressures to minimize employee time in training were frequently present. Sample sizes have been small; even in those hospitals where many staff have been trained, restricting the research sample to Ambulatory Care frequently meant that few people in this service had been trained at the time of data collection. Given these factors, the number of significant findings are an even more salient indicator of the potency of TIGER training.

Second, perhaps more significantly, the focus in most basic TIGER workshops, even in the more successful programs, has apparently been primarily on personal growth, relationship-building (especially *across* services and sections of the hospital), *and* acquisition of small group sensitivity and skill. Many of the areas stressed in the formal research, including work relationships, organizational climate and morale, supervisory style, supervisor-subordinate relationships, and team involvement in work decisions, received very little attention in the initial or basic training programs. This is borne out both by examination of training designs and by our discussions with participants on what they "got out of the training." Additionally, reports by supervisors of trainees in the site visits also stressed that they changed most in their personal growth and communication.

Finally, participants typically report very good personal experiences and high enthusiasm while in the TIGER program. This reaction also seemed prevalent in the large number of hospitals not included in in the research sample. On the other hand, in even the most successful TIGER programs, participants experience great frustration and disillusionment, and even regression, upon returning back to work. This frustration may account for subjects rating management and the organization as less supportive after training than before.

The frustration experienced by personnel regarding their training seems due to at least three factors:

a. First, greater sensitivity after training to both organizational inertia, or resistance to change, and to poor supervisory relations leaves subjects frustrated at this perceived lack of support. A typical participant reaction is "You can't change City Hall (or the VA)."

b. Second, blocks and negativism about TIGER goals and methods by participants' supervisors and service chiefs are common. Even when top administration is actively supporting TIGER, resistance by first and second line supervisors is not infrequent. Because of this resistance, a typical participant reaction, consequently, is that their supervisors also need to be fully included in the training.

c. Finally, for organizational change to occur in work units it is typically necessary for a "critical mass" of trained employees to be reached with an accompanying sense of in-group cohesiveness. This had not yet occurred in most of the ambulatory care units studied (or in other hospital services, for that matter). On-going training efforts in these hospitals, consequently, would be helped both by follow-up workshops to build cohesiveness and a sense of continuity, and by team-building training within intact work units.

V. SUMMARY AND CONCLUSIONS

TIGER training in a sample of VA hospitals has (a) increased staff perceptions of the essentialness or importance of their work; (b) improved employee perceptions of supervisor-subordinate trust and communication, and (c) increased employee perceptions of their willingness to use the resources of others in their work.

These findings, along with both the indications that those personnel volunteering for TIGER training are already more positively disposed toward their work climate than colleagues not attending TIGER workshops, and the data from research site visits, offer significant support to the efficacy of TIGER training.

Limitations of the present evaluation of TIGER include:

1. The lack of direct measurement of the factors which have been stressed in most basic TIGER training programs, i.e., personal learnings from training, better staff communication across the hospital, better group and interpersonal skills, and direct measures of morale.
2. Inadequate data collection and consequent small sample size in a number of the experimental hospitals.
3. Our choice, for experimental control, of testing only ambulatory care personnel which, along with the rapid hospital-wide expansion of TIGER, meant that:
    a. many trained hospital personnel were not included in the sample; and
    b. many ambulatory care personnel had not been trained.
4. Additionally, field visit data clearly indicate the heightened awareness of trained personnel to inadequacies in, and resistance to change of, their work environment and administration, and their frustration at not being able to readily put their learnings into practice. This suggests many directions for future work in TIGER, i.e., follow-up training, team building within intact units, supervisory workshops, etc.

It seems clear from the data that the initial TIGER training efforts in the experimental and control hospitals have concentrated on the following goals:

1. Induce "good feelings" and higher morale among staff.
2. Assist staff in their individual personal growth, sense of worth, and competence.
3. Develop group skills and the value of shared leadership and communication.

These factors are all salient building blocks for an ongoing training program, and are a necessary prelude for accomplishment of the goals of greater team effectiveness, a more participative work climate, and direct focus on the quality of patient and staff interaction. These organizational goals can be accomplished in the future more fully by working with intact staff teams and units.

Finally, it can be noted that general survey data collected by the national TIGER training staff indicate that approximately 12,000 VA employees received TIGER training in all hospitals around the country in FY 75. In the fall of 1975, it was determined that approximately 800 individuals were working as part-time trainers or co-trainers in local TIGER programs in the 119 different hospitals or clinics that responded to requests for program information. High or medium support for TIGER training was reported by 76% of the hospitals. Survey data were obtained from over 200 trainers and co-trainers from these hospitals, 94% of whom reported that the most important impact of TIGER has been to increase the awareness of people to the importance of interpersonal skills (communication, etc.) in employees' relationships and patient care. It is expected that this responsiveness of the hospital and employees to each other and to veterans and their families will continue to be a major goal in the TIGER program.

APPENDIX I-a

THE DEVELOPMENT GROUP (D-GROUP)

(Theory)

(see Pp. 39, 114)

(I-a) THE DEVELOPMENT GROUP*

A. What is a Development-Group (D-group)?

The D-group is a trainerless or self-directed group and functions as one of the major vehicles of the workshop through which learning takes place. Each group (usually four) contains 8-10 participants who meet periodically throughout the workshop as a small group unit. As the group begins to unfreeze people can explore their own feelings and perceptions about their own and others' behavior and participation style, about interpersonal behavior, and about small group processes. Some D-groups will be structured by the staff in the sense that you will be asked to work on a specific task. At other times your D-group will be unstructured--no set task. During these sessions you will be free to do those things which will further build your group into a more effective learning unit, e.g., build climate of trust and risk-taking, better integrate people into groups, identify and free-up individual resources in the group, develop a process orientation and norms for giving and soliciting feedback.

B. Norms for the D-Groups

1. A Development-group, not a therapy group

a. The focus of attention is on the development of the group from relative chaos to an effective learning team. The focus of attention is also upon the development of relationships in the group and the identification of personal styles and resources.

b. No one-by-one in-depth analysis of individual personalities or personal back-home problems. Back-home work-oriented problems may be discussed when they are relevant to the task or ongoing activity.

c. Here-and-now vs. there-and-then

The D-group pays attention to the ongoing processes in the group. Behavior in the "here-and-now" is examined as it occurs within the individual (e.g., feelings, perceptions) between individuals (e.g., communication, styles of influence) and among group members (decision-making, group norms). What happens "here-and-now" is shared by all group members; what happened "there-and-then" (back-home) may be known to only one person and group members may have difficulty identifying with experiences they have not shared. Group members may have common back-home work problems which may be appropriate for group discussion when part of an assigned task or group activity.

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*Contributed by Philip G. Hanson, Ph.D., Director, Human Interaction Training Laboratory and Richard L. Brown-Burke, Ph.D., national TIGER training staff, VA Hospital, Houston, Texas.

C. Contract Between the Trainers and the D-Groups

1. The trainers are available as consultants to the D-groups.
2. The D-group can invite a trainer into the group, but only through group agreement.
3. The trainers may ask to visit a D-group. The D-group can then discuss the request and either invite the trainer in, or deny the request.

D. Rationale for D-Groups

1. Encourages participants to take responsibility for themselves in developing a cohesive and effective team, rather than become dependent upon or rely on staff resources. There also tends to be created a greater feeling of ownership and psychological success when participants feel that "they did it."
2. The D-group model would be more applicable to the back-home setting given the hospital climate, insufficient training staff, and insufficient training of the local trainers in the T-group model.
3. Economy of staff resources both at the basic workshops and in the hospital settings.
    a. As few as two staff members could conduct a workshop for 40 (four groups) participants.
    b. D-group time frees up staff members to prepare for subsequent sessions.
4. Workshop evaluations have shown that participants do have a highly satisfying and "relevant" experience with either the D-group or T-group model in these structured workshops.

E. D- and T-Group Evaluations[1]

Basic TOT Workshops: D-Groups
(N = 187)

	Mean	Hi	Med	Lo
Satisfaction	2.7	141	35	11
Applicability	2.7	137	33	10

First Advanced Workshops: T-Groups
(N = 38)

	Mean	Hi	Med	Lo
Satisfaction	2.8	30	8	0
Applicability	2.7	27	10	1

District Consultant Workshop:[2] T-Groups
(N = 19)

	Mean	Hi	Med	Lo
Satisfaction	2.8	15	4	0
Applicability	2.5	10	8	1

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[1] All means are based on a 3-point scale.

[2] T-Group evaluation was not assessed for one of the district consultant workshops. In addition, the participants in the district consultant workshop were also in one of the first advanced workshops. Consequently, the district consultant workshop represents a second T-Group experience.

APPENDIX I-b

MICROLAB 1:

MOTIVATION-INVOLVEMENT-AWARENESS FEEDBACK

(Exercise)

(see P. 40)

(I-b) MICROLAB 1*

Motivation-Involvement-Awareness Feedback

5 min In beginning this workshop with a microlab, we are expressing the importance of training values--the most important of which is the model of experiential learning. The place to begin is to explore your awareness of:

> Where you as individuals are now--at this point in time--in relation to your feelings about this coming week's workshop, and the training program that is to develop from this workshop.

We are hoping to begin to establish a norm for awareness, openness, and the sharing of these feelings with others. We are also involved in a paradox. Trust can be slowly built, as in family life, and lead to risk-taking; or by taking some risks together that have some degree of predictability, we begin to build trust. Starting with a microlab is a form of the latter.

Trust ⟷ Risk-Taking

Risk-Taking ⟷ Trust

Motivation Exercise

You will hear a great deal about the spirit of experimentation and risk-taking as laboratory values. Let's see if we can create a greater degree of awareness of our feelings, at this point in time, in relationship to this workshop and the future training project.

12 min In four corners of the room you will see an adjective printed on newsprint ("fuzzy," "sharp," "sticky," "airy"). Go to the corner where the word on the newsprint seems to you most symbolic of the question:

"Why are you here?"

With the people in your corner, discuss why the word attracted you in relationship to the question. You have about 10 minutes. We would like a brief summary from each group to be presented to the community when the time is up.

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*Contributed by Joyce Paris, Houston TIGER staff.

Brief summaries are reported from the four corners.

12 min In four corners of the room you will see a new word on newsprint ("love," "power," "knowledge," "skills"). The question to ask yourself this time is:

"What's in it for me?"

Again, take about 10 minutes to share why you chose that corner. Which word comes closest to symbolizing an important reward in training for you?

Brief Summaries are reported from four corners to the community.

NOTE: This exercise may utilize any number of rounds or any combination of related words relevant to the situation.

Involvement Circle

5 min Consideration of the first two questions probably gives you a sense of the level of your involvement at this point in time. It may change in either direction but assess "where you are now."

Form a large circle (trainer in center). The rim of the circle is the low point of involvement. The center is the high point. Take a minute for assessment. With eyes down in order to make the most independent judgment, move further in, or further out, from the center to express how involved you feel right now, in this experience and the coming workshop. When you have positioned yourself, add any body movements or facial expressions, to further describe the nature of your involvement.

Holding your own position look around you.

10 min Break into groups of three and take about 10 minutes to discuss your position and your feelings. Compare your expression of involvement in relation to other participants' position.

Here-and-Now Exercise

1 min Mill around and find a comfortable person to talk to.

3 min For 3 minutes talk to each other and get acquainted. All dialogue in these 3 minutes must refer to the past. REMEMBER! Make references to the past only.

3 min Repeat with same partner, but all dialogue must refer only to the future. The task is the same.

3 min Now, in the next 3 minutes, continue getting acquainted but all dialogue must be in the here-and-now. The here-and-now is defined--at this point in time, in this room--as facing your partner.

5 min Now find two other pairs and in groups of 6 share for 5 minutes what your feelings were in these three time states.

Which time reference was most comfortable? How well did you get acquainted? What were some of your feelings?

NOTE: The input here is about the difficulty in staying in the here-and-now. We are usually more comfortable in the past or future and less aware of the impact of other people in the present. We do, in fact, spend most of the time talking in the past or the future or about ideas so that we may avoid the discomfort and impact of personal contact and awareness of feeling. We are also prone to avoid feelings involved in new relationships. However, by not avoiding this awareness, the pace of establishing relationships is quickened.

Feedback Exercise

30 min NOTE: Before starting this exercise a longer input than below may be made to legitimize the exercise as a beginning vehicle for a developing process throughout the workshop. This Trainers Handbook is a rich resource for composing your own input.

Feedback consists of messages from other people describing how our behavior affects them. It may be written, verbal, or non-verbal. A collection of feedback messages is probably one of the most important data collections that a person working with people undertakes. How he/she comes across to others is one of the most important interventions in any relationship or system. It is one of the most difficult norms to establish and continue in experiential learning. The following resistances to giving and receiving feedback were discussed in this input:

1. Intentional and clear feedback is not a social norm.

2. We get implicit feedback all the time but since it is implicit we cannot check it for accuracy.

3. Feedback involves risks of giving and receiving what we fear may be negative messages.

4. One has to be a participant (behave) and an observer (read) to collect and give feedback. We often excel as participants or observers, but not usually as both. To be both is a goal for this workshop.

5. We may receive mixed messages that confuse and concern us. However, we have options of checking out these messages with the perceptions of others. Ten similar messages, for example, are a feedback load worth considering.

In this exercise we will not be dealing with explicit data, but rather with some light-hearted first impressions. However, first impressions do have some importance in your arsenal of knowledge about yourself and are an important factor in beginning new relationships.

Instructions for Feedback Exercise

Materials: Brown paper lunch bags, small 3" by 5" pads, pencils for each person.

Get a paper bag, and a feedback pad and pencil. We will keep these bags throughout the workshop. We will use them in here today but after today keep them in your D-Group room.

Write your name both on the outside of the bag and on the first 10 sheets of paper on your pad.

Rules of the feedback bags:

1. Contents of all the bags are private, to be shared only if you choose.

2. No message may be given to a bag unless it contains the sender's signature.

Take a few minutes now to write five notes to yourself concerning your goals, areas you would like to work on, and your areas of strength. They are signed by you (in case you forget your own handwriting). Place them in your bag.

We are going to experiment now with some light-hearted feedback. It is not based on explicit data but on first impressions of each other. There will be five rounds. In each round you will pair with a new person, Mill around and stand with someone--talk to each other one minute on any subject. Then exchange written messages about:

1. What color or pattern of colors does this person remind you of?
2. What type of music or song does this person remind you of?
3. What period in history and in what style of dress does this person remind you of?
4. What weather in what part of the world does this person remind you of?
5. What animal doing what does this person remind you of?

Take a minute alone now--spread out the slips you received on the floor. Do your slips make any picture or any sense? If there is something you want to ask the people who sent you messages, you can check them out informally.

Note: (The feedback bags are retained for at least one more exercise to allow the process of feedback to begin to develop as a workshop norm.)

Total time for this Microlab is approximately 1½ hours.

APPENDIX I-c-1

RESISTANCE TO CHANGE

(Theory)

(see Pp. 41, 168)

APPENDIX I-c-2

FORCE FIELD ANALYSIS

(Theory)

(see Pp. 41, 139, 150)

RESISTANCE TO CHANGE*

One of the major characteristics of contemporary society is change. We are in a state of chronic change which creates an atmosphere of temporariness that is seen as threatening to established social and institutional norms and values. Much of the change process is also perceived as haphazard, out of control, or externally imposed. One way of dealing with change is to resist the process by attempting to defend and maintain the status quo. A major problem with this solution is that in an era of cultural revolution (or evolution?) considerable energy may be expended and conflicts perpetuated by protecting values or social systems that are already obsolete in an ever changing world. Another response to change is to accept it as a reality of present day society and learn to anticipate and manage it. The second solution requires that people learn to adjust to the process of change, rather than to seek or invest themselves in values or norms that are static in nature. Inherent in the problems of change is a paradox: all the forces which contribute to resisting change are the very same forces (e.g., values, beliefs and social institutions) which insure personal and social stability. Fundamental to the change problems, however, are the people themselves and how effectively they relate to each other, to the organization, and to the larger social system.

Programs which involve examining attitudes, procedures, interpersonal communication, leadership styles, effective decision-making, etc., also have to deal with the problems of change. Change always involves conflict; e.g., giving up old ways for new ways. As a consequence, change can be threatening to individuals who may want to maintain a more comfortable status quo even when it is obvious that the status quo is no longer effective or even appropriate. Any program then which involves change can expect to encounter resistance to change, and must first learn how to reduce this resistance so that learning can take place. Many conflicts generated by change require new approaches and orientations for their management or resolution. It is important to recognize that resistance is not an isolated phenomena, but has a background and history that may be embedded in cultural norms which are violated by a change program. As a consequence it is helpful to accept resistance and the feelings behind it as legitimate and work with it from there. To meet resistance with antagonisms or win/lose strategies can be counterproductive.

Management of Conflict

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*Contributed by Philip G. Hanson, Ph.D., VA Hospital, Houston, Texas.

As mentioned previously, one consequence of change is conflict, i.e., conflict between the old and the new, conflict of values. Ways in which this conflict is managed or resolved can be critical to the effectiveness of decision-making and problem-solving in the work situation, or to the success of any training program. Conflict itself is not good or bad but is a part of living and growing. The way conflict is handled, however, can have positive or destructive consequences. When the atmosphere of a group is tense, group members may act as if the tension is not present by taking flight or "playing". By keeping the tension under wraps group members may feel that they are avoiding conflict, not recognizing that conflict is already present. The risk of surfacing the conflict, group members fear, is that they will lose control of their feelings and relationships will be disrupted beyond repair. This risk needs to be taken, however, if the group is to continue to grow and mature.

Risk-taking

One facet of the experiential approach that is usually not present in other methods is the element of interpersonal risk-taking. In order to explore the impact of one's behavior on other people and the consequences of other people's behavior on oneself, it is important for participants to expose their feelings, perceptions, and attitudes to one another in a feedback process. Before much risk-taking can occur, however, a climate of trust and openness must be developed in the workshop. Paradoxically, in order to develop this climate some risk-taking must first occur.

In order to create a climate of openness, people frequently press others to be open and take risks rather than exposing themselves first, e.g., "What do you think about this group?" "How do you feel about what was just said?" It is difficult to teach others to be open and take risks. One relatively effective way to facilitate openness is to be open yourself about your own feelings and perceptions. As a by-product of your openness, others are encouraged to be open. Beware of the false kind of openness, however, which is destructive and "lays it on" the other person -- "Under the guise of openness the helper strikes again!"

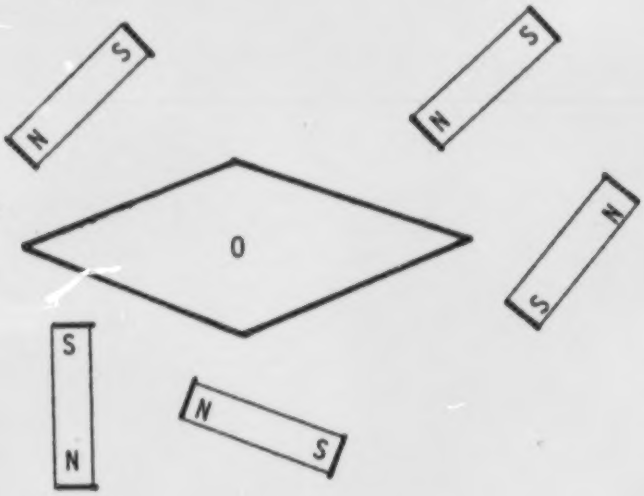
There are a number of experiential exercises which can facilitate this process. It is important, however, to graduate this process in terms of where the participants are, rather than in terms of the trainer's needs. Moving participants too rapidly into activities which involve interpersonal risk-taking and self-exposure can be extremely threatening and create strong feelings of discomfort and resistance. Moving too slowly can create feelings of inertia, boredom and frustration.

The relationship of openness and risk-taking is often very subtle and highly individualistic. What threatens one individual may be completely innocuous to another. A level of openness and risk-taking may look the same from an external point of view, but the level of threat internally experienced may be quite different. In addition, events in the group may facilitate or inhibit openness and risk-taking. As the group works through the vicissitudes of building a climate of trust, however, increased openness, risk-taking and the potential for greater learning takes place. The problem for the trainer and group members is one of sensitivity and timing; that is, obtaining a balance between providing safety for group members and pushing the limits of that safety for individual growth and effective group functioning.

(I-c-2)

FORCE FIELD ANALYSIS*

Let's start with a couple of simple definitions from physics. The term "Force" refers to something which produces or starts motion. The term "Field" refers to the area in which the force acts. A magnet produces a field of forces (magnetic field) which will affect the needle of a compass by causing it to turn toward the force. If we were to surround a compass with several magnets it would be hard to predict, beforehand, which direction the needle would point. The compass would be in a field of forces produced by the magnets. If a physicist analyzed and measured all the forces acting on the compass, he could predict the direction that the needle would point. In other words, he would be performing a Force Field Analysis.



Many of us think of our own behavior as if we were in a field with only one force operating. "He feels inferior because he is short." "Red heads are hot tempered." "He talks like that because he is from Texas." As you can see, operating from this kind of stereotypic thinking makes life simple. As we all know, however, life is not so simple. We seldom find a one-to-one relationship between one particular force and one particular kind of behavior. Most of us now accept a principal of multiple cause and multiple effect. We live in a field composed of many forces with different strengths, pulling and pushing us in many directions. Some of these forces are internal, some are in our immediate surroundings and many reach us from distant environments. The diagram in Figure 1 illustrates many of the forces operating on us from day-to-day (see Fig. 1).

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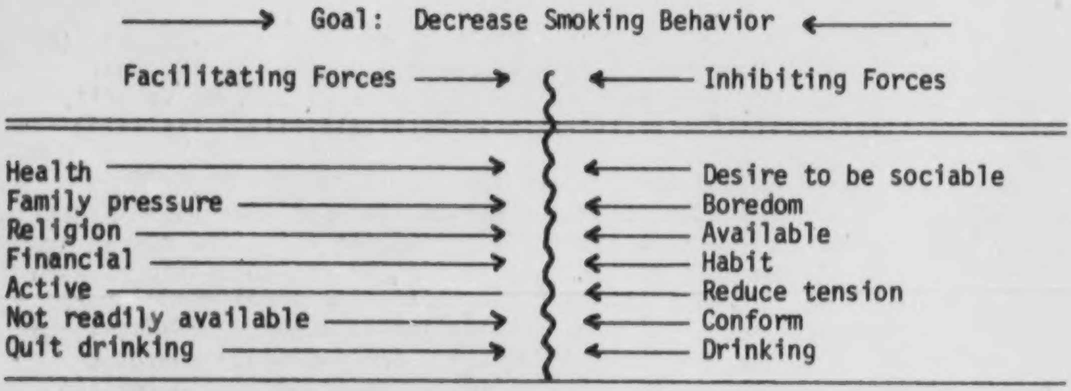
*Contributed by Philip G. Hanson, Ph.D., Director, Human Interaction Training Laboratory, VA Hospital, Houston, Texas

If it were possible to identify and analyze all of the forces affecting us at any one time we could predict our behavior from moment-to-moment. Obviously, this task is far too complex to accomplish. We can, however, reduce the task to a manageable size by analyzing the forces that are effecting one particular kind of behavior. For example, let's look at the forces which might increase or decrease smoking behavior in a particular individual. If the individual would like to stop smoking the goal is then stated in a way so that movement to the right would be in the direction of goal achievement, i.e., Decrease Smoking Behavior. The forces which decrease smoking we will call facilitating forces and those which increase smoking, inhibiting forces. Try to imagine these forces pushing against each other like springs, i.e., → ←. The points or line at which they meet creates a balance which moves forward and backward, depending on the varying strengths of the opposing forces. This line or balance is called Quasi-stationary Equilibrium.


Goal: Decrease Smoking Behavior
Facilitating Forces
Inhibiting Forces
Health
Family pressure
Religion
Financial
Active
Not readily available
Quit drinking
Desire to be sociable
Boredom
Available
Habit
Reduce tension
Conform
Drinking

As you can see, there are a variety of forces, varying in strength, acting on smoking behavior. Some forces may show up on both sides, depending upon the situation. A person may not smoke at a religious meeting, but make up for it at a social event.

Using the model as a problem-solving vehicle, we can place the goal or issue at the top and proceed with an identification of the forces. State the goal or issue so that the facilitating forces push the change in the desired direction. A group may want to look at the forces which affect a group session so that they can improve group meetings.

→ Goal: To Create a More Effective Group ←

Facilitating Forces →	← Inhibiting Forces
Gatekeeping →	← Gate closing
Interest →	← Boredom
All present →	← There & then focus
All on time →	← Tardiness
Here & now focus →	← Absenteeism
High trust →	← Silent members
All participate →	← Low trust

It might be noted that some forces such as "trust" can be subjected to a FFA themselves. Changes or removal of one or more forces, however, may change the nature of other forces.

The next step is to identify which forces on either side are amenable to change. Changing the strength of some forces may not be possible but other forces may be easier to influence. You may also want to identify the resources you can muster to affect changes in the forces impinging on the problem.

Once the forces have been selected which are amenable to change, a strategy for change needs to be developed. If we look at the whole system as opposing springs pushing against each other, we can conceptualize it as a system under tension "at rest" along a line where the opposing pressures are equal. Since we want to develop a more effective group, one strategy would be to increase the facilitating forces. This strategy would increase tension in the inhibiting forces. If we decrease the inhibiting forces alone, the facilitating forces (tension) would relax. While this strategy would reduce the tension in the whole system, it may not develop the forces which facilitate effective group sessions. A third strategy would be to work on both sets of forces at the same time, i.e., increase facilitating forces and reduce inhibiting forces. As a consequence, the line of change (Quasi-stationary Equilibrium) will move more rapidly to the right.

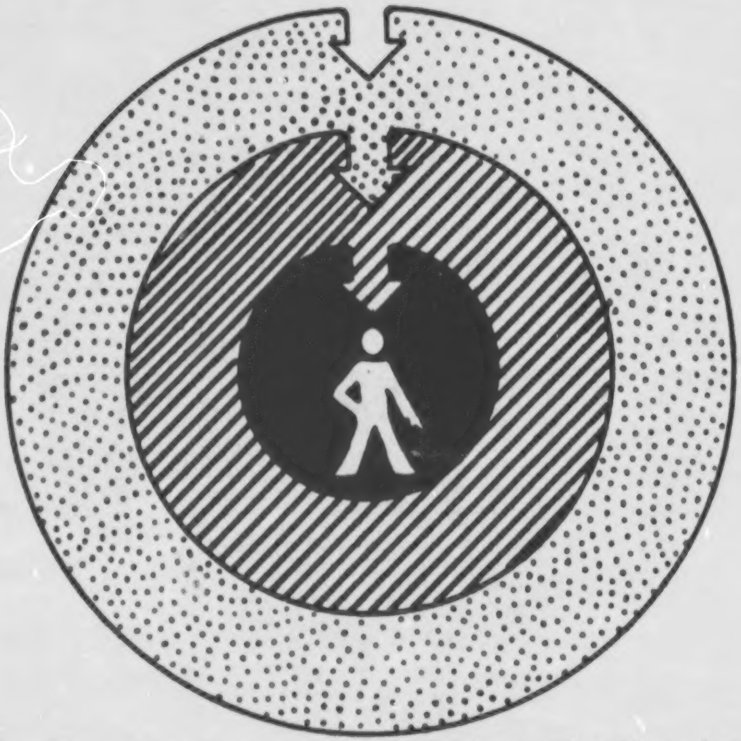
Once the strategy has been decided upon, put the plan into action. This phase is extremely important. No amount of analysis or planning will produce change unless it is converted into action. "Trust only movement." Action produces results or effects which can then be evaluated.

The next phase of the problem-solving sequence is to get feedback on the results. The effectiveness of the analysis and strategy planning phases can only be determined by evaluating the consequences of the action steps. The information collected during evaluation phase is then used to help the problem-solvers make decisions and plan action steps, e.g., keep and build on the solution used, change or modify the solution, or retool for next attempt.

Below the steps in the problem-solving sequence are outlined:

1. Recognize that there is a problem.
2. Desire to change problem situation (motivation for change).
3. Force Field Analysis of problem (collecting data from both sides of change line simultaneously).
4. Select forces amenable to change (facilitating forces, inhibiting forces).
5. Select strategy for change (e.g., increase facilitating forces, decrease inhibiting forces, or work on both facilitating and inhibiting forces at same time).
6. Put plan into action.
7. Get feedback on results.
8. Develop solution, modify or change solution, and retool.

FORCE FIELD ANALYSIS



■ **SELF:** aptitudes; sex; intelligence; education; health; needs; looks; race; size; values; interests

▨ **IMMEDIATE ENVIRONMENT:** political system; size of room; referrent groups; friends; work associates; enemies; customs; educational institutions; pollution; social class; mores; religious institutions

░ **DISTANT ENVIRONMENT:** world trade; threat of annihilation; war; political ideologies in conflict; pollution; international tensions; international monetary problems

Fig. 1. Field of Forces Impinging on the Self

FORCE FIELD ANALYSIS

Worksheet

Behavior (or goal) to be achieved

→ Facilitating (helping) Forces	← Inhibiting (hindering) Forces

APPENDIX I-d

FOUR LEVELS OF COMMUNICATION

(Theory)

(see Pp. 42, 112, 167)

(I-d) FOUR LEVELS OF COMMUNICATION*

Intrapersonal

Feelings vs. Intellect

Communication on the intrapersonal level refers to that kind of internal conversation that frequently goes on with oneself; for example, between the feeling level and the intellectual level. For instance, sometimes when we first meet someone we find that we distrust that person for no apparent reason. When this occurs a dialogue may go on internally between the intellectual and the feeling levels such as: "Why should I distrust this person? I have no rational basis for doing so, but I feel distrustful." We are responding to some cues which have triggered some bodily reactions that may be nonrational in nature. We have a "gut feeling". Being rational beings we try to make sense of the reaction (read the feeling) by the internal dialogue.

Risk-Taking vs. Playing it Safe

To illustrate another kind of internal communication, let's have a volunteer come up. IF ONE VOLUNTEER COMES UP IMMEDIATELY, CALL FOR ANOTHER VOLUNTEER. AS SOON AS THE VOLUNTEERS COME UP, YOU SEND THEM BACK TO THEIR SEATS. ADDRESS THE AUDIENCE AND ASK THEM THE QUESTION: When I asked for volunteers, what was the dialogue that went on within yourself? One side of you, that is the risk-taking adventurous side, the side that reaches out for new experiences, wanted to come up and volunteer. The other side of you, the side that is afraid to be made a fool of, the side that prevents you from trying out new behaviors or from experimenting, kept you from coming up. One side encouraging growth, the other side inhibiting it. Imagine a discussion between these two aspects of yourself going on internally: one side pushing you to come up, the other side preventing you from taking that risk.

Interpersonal

The process of communication that concerns itself with what is going on between people we call interpersonal communication. This level includes verbal and nonverbal communication. The latter is illustrated by facial gestures, physical movements, and body postures. Rather than focusing on the content of what is being communicated between two people, this level of communication is concerned with how (process) the two people are communicating and what factors are facilitating or inhibiting this communication. For example, the communication process may involve six facets of communicating, that is:

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*Contributed by Philip G. Hanson, Ph.D., VA Hospital, Houston, Texas.

Sender: "What do I intend to say?"

"What do I actually say?"

"What do I think I have said?"

Receiver: "What does he expect to hear?"

"What does he actually hear?"

"What does he think he's heard (meaning)?"

One common problem that can occur with the sender is a lack of congruence between intention and behavior. That is, the intention to convey a certain message does not match what is actually said. As a consequence, the response from the other person may come as a surprise. A common problem with the receiver occurs when he has a "set" to hear something and selectively attends or not attends to what is being said. For example, the boss calls you to his office. On the way you are wondering about what you have done wrong. He greets you with "You did a great job with that problem!" You respond "Yes, but it wasn't my fault." Checking for understanding of what you said and what you heard is a safeguard against these two common problems.

Intragroup

This level of communication refers to those dynamics and patterns that occur between and among people within a group. The area of group dynamics is a study of these interactions and the effect they have on group productivity and morale. Some of these dimensions include the following.

Content vs. Process

What is communicated compared to how it is communicated.

Participation/Influence

Who talks, who doesn't, to whom and how much. Participation and influence may be correlated, but not always. Some people talk a lot but have no impact. Others may talk very seldom, but when they do everyone listens.

Decision-Making

How decisions are made in groups have a strong bearing on members' commitment to the decision and whether or not they are implemented effectively.

Task and Maintenance Roles

Group members assume functions which are communicated to the group in terms of those who want to get the job done and those who facilitate interpersonal relations and group morale.

Group Norms

Ground rules, explicit and implicit, govern what is or is not communicated and how these communications are handled in the group.

Intergroup

Lastly, there are the dynamics of communication that occur between groups who are interfacing on some issue. These groups may be within an organization such as night shift vs. day shift, nursing vs. dietetics, staff vs. patients, and employees vs. management. They may represent organizations such as union vs. management, police vs. community, black vs. white, and Democrats vs. Republicans, or the interface may be between nations.

Stereotyping

Interfacing groups may form stereotypes of each other which may inhibit or facilitate communication between them. Communication between the groups are filtered through these stereotypes and may distort each group's perception of the other. This process is particularly true when the stereotypes are negative.

Competition vs. Cooperation

When groups are in competition they withhold their resources from each other. Products produced under these conditions may not be as good as when groups are cooperating and pooling their resources.

Win/Lose vs. Win/Win

Under conditions of competition energy, creativity, and resources are expended in trying to make one group win and the other group lose. As a consequence, feelings are generated which tend to feed and perpetuate nonproductive interactions. When groups resolve communication barriers, reduce negative stereotypes, and competitive strategies, they can move in a cooperative direction which can create win/win conditions. That is, rather than both groups "losing" under win/lose competition, both groups can win under win/win co-operation.

APPENDIX I-e

ONE-WAY--TWO-WAY COMMUNICATION

(Exercise and Theory)

(see Pp. 46, 113)

(I-e) ONE-WAY vs. TWO-WAY COMMUNICATION: Instructions

One exercise that is frequently used is called "One-Way vs. Two-Way Communication." This exercise involves one person directing other people to draw a set of five rectangles which he has before him (see below). The speaker cannot see the reactions of the audience, nor can they ask him questions. Once this task is completed, people rate themselves on predictions of accuracy and feelings of satisfaction. The speaker also completes the ratings. The time is also recorded. This process is repeated again with five different rectangles. This time the speaker receives questions from the audience and can repeat or clarify instructions on the basis of these questions. At the completion of the task the audience and speaker rates again their predictions of accuracy and their feelings of satisfaction. Again the time is recorded. The data from these two conditions are presented and the differences discussed, e.g., accuracy and feelings of satisfaction are greater under two-way communication, but one-way communication requires less time. Further discussion centers around the advantages and disadvantages of one style as opposed to the other, and in what situations are they appropriate or necessary. Below is a step-by-step exercise:

One-Way Communication

1. Pass out blank paper (2) to everyone.
2. Get volunteer to describe rectangles to group (note time started and time completed).
3. At completion ask everyone to predict how many rectangles they got right and how satisfied they felt with their performance. The volunteer also rates his or her satisfaction at the same time. The ratings of others should not be known to the volunteer so as not to influence his or her ratings.

Own Performance on Task

1 2 3 4 5

Very satisfied Very unsatisfied

Two-Way Communication

4. New piece of paper for second drawing.

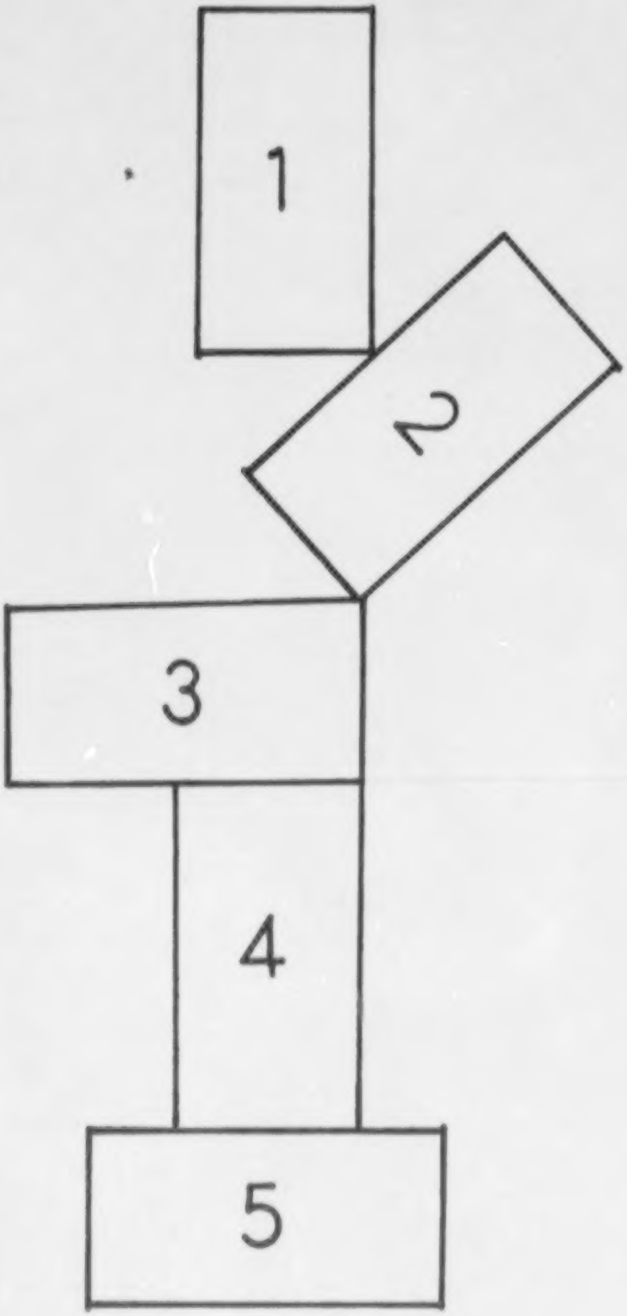
5. Volunteer describes rectangles again, but participants can now ask questions.
6. Make ratings on predicted accuracy and satisfaction; volunteer makes ratings on satisfaction.
7. Draw first set of rectangles on newsprint.
8. Collect data on one-way.
    a. Time
    b. Get show of hands on predictions of accuracy, actual accuracy, and satisfaction.
9. Draw second set of rectangles on newsprint.
10. Collect data on two-way (same as #8).

Sample Tally Sheet*

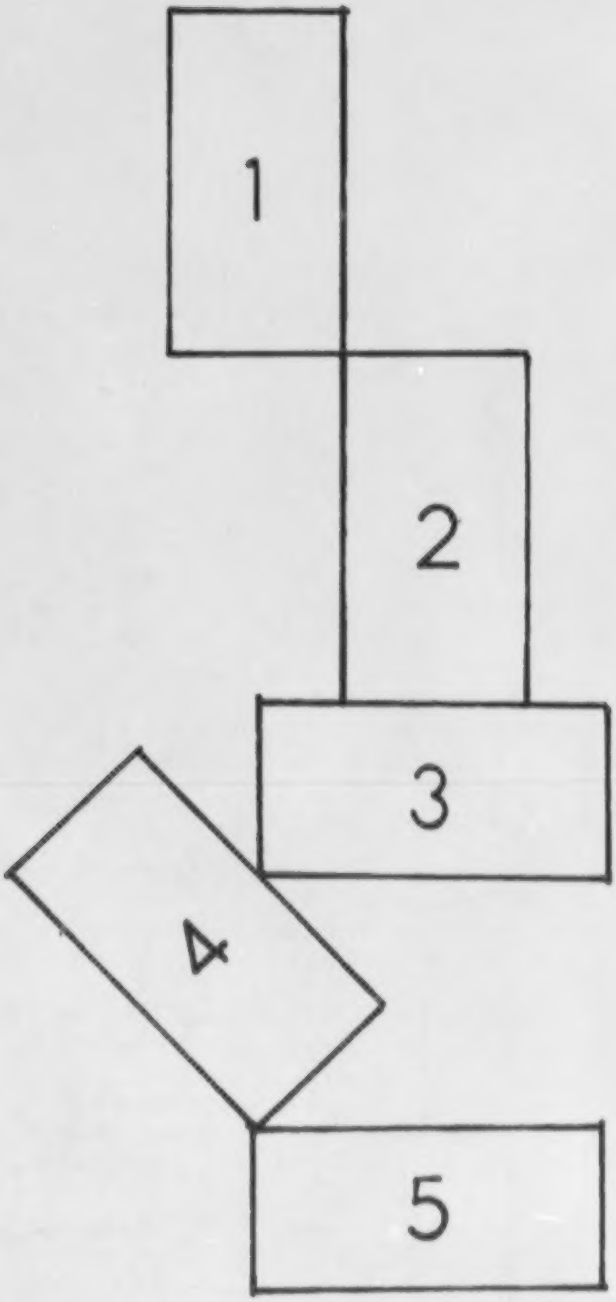
	One-Way						Two-Way					
Time												
Predicted accuracy	0	1	2	3	4	5	0	1	2	3	4	5
Accuracy	0	1	2	3	4	5	0	1	2	3	4	5
Satis-faction	0	1	2	3	4	5	0	1	2	3	4	5

* A six point scale can also be used to allow for an overall rating of size and perspective in addition to each rectangle being drawn correctly.

ONE-WAY COMMUNICATION



TWO-WAY COMMUNICATION



TWO-WAY COMMUNICATION: Theory*

Accurate communication must be a constant concern of management. On the one hand, policies, plans, and programs cannot be effective unless they are understood by those who must carry them out. On the other hand, the reports which go to management must be accurate if executives are to assess organizational performance accurately. Generally speaking, executives claim to want two-way communication. But this claim needs to be examined in the light of a more complete understanding of what is meant by two-way communication.

Contrast Between One-and Two-Way Communication

First, let us look at one-way communication. A good example is a man giving a talk over the radio. The talk can be planned carefully in advance, and its message is definitely under the control of the speaker. He can transmit a substantial volume of information in a relatively short time. Of course, the speaker does not know whether his listeners understand what he is saying. He cannot adjust the pace of his lecture to suit his listeners, nor can he repeat and explain any confusing parts.

Now let us change the situation. Let us put the speaker in front of a live audience and permit them to interrupt with questions whenever they are confused. This is a way of arranging for two-way communication. The speaker soon finds that some people do not understand words and phrases he thought were clear. He discovers that some people do not listen continuously and want to have ideas repeated. His carefully organized lecture is broken up as he tries to meet the demands of the audience. He has given up his complete control over the communication.

Advantages of Two-Way Communication

The chief gain resulting from two-way communication is increased accuracy of understanding. More listeners know more of what was told to them. Besides that, they are more confident that they understand what was intended, and this confidence is realistic.

One-way communication is helpful in emergencies when time for questions and explanations is lacking. It can be improved by previous experience in two-way communication. In two-way interchanges a mutual language is developed which can be utilized in one-way situations. In fact, when excellent two-way communication has been achieved, people often communicate with extreme rapidity and few words (e.g., roommates, close friends, twins).

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*Richard Wallen, Ph.D., and Edwin Nevis, Ph.D. Reprinted by permission of Edwin Nevis, Ph.D., Danzig-Nevis, Inc., Cleveland, Ohio. For use within the VA system only.

Costs of Two-Way Communication

Establishing two-way channels requires considerable time, and in business that means money. During the period when good communication is being established, people may feel that the effort is too time-wasting and costly. But the payoff comes later.

There is more to be said, however. In two-way communication the speaker faces an emotional situation. Interruptions from the listeners may disturb and excite him. Then, too, the audience may begin to complain or to give him instructions. These actions place additional strain upon the speaker. Be sure you are willing to pay the emotional price for two-way communication before you seek it.

Difficulty in Getting Feedback

What has been said about the speaker-audience situation seems to hold for organizational communication as well. If we really want to produce a clear understanding of policies and plans we need feedback to guide us. But we must be prepared to spend time and to hear emotionally disturbing things if we open a return channel. Too often, feedback is regarded as inappropriate "back talk."

Merely announcing that we want our listeners to tell us when they are confused does not mean that we have really opened a two-way channel. There is the status barrier. Subordinates often do not feel free to tell a superior that they do not understand him. Nor do they feel free to ask questions, for they do not want to appear stupid. It is even harder to encourage two-way communication when we want other people to tell us of their opinions or feelings about a program or proposal. They are not sure how their honest comments will be received. Generally, therefore, we all have strong tendencies to tell the boss what we think he wants to hear.

If we really want two-way communication we must set about creating a climate that makes it possible. This means that we must receive feedback without undue upset or defensiveness. When people ask for clarification or admit they are confused, it does not help matters to suggest that they listen more carefully or that they are stupid. Receiving feedback in this way is certain to cut off further feedback.

Furthermore, if listeners criticize plans and proposals, it does not help to start explaining and justifying them immediately. Hear the critic out. Encourage further feedback. Find out exactly what is bothering the listener. Trouble in communication requires diagnosis of the difficulty, not criticism of the listener.

While two-way communication involves time and trouble in the early phases, this does not last forever. As speaker and listener talk to each other they begin to develop a common language. They also begin to develop greater understanding of one another as people, and this can lead to increased mutual confidence. Then, when occasions arise where one-way communication must be utilized in emergency situations, we can have greater confidence that our communications will be understood.

Leadership, Psychological Size and Communication

People in positions of leadership are faced with a special problem when they attempt to encourage two-way communication between themselves and group members. Stated briefly, this problem is: in the presence of a leader who has power over them, people are reluctant to express feelings or opinions which might offend, upset, or irritate the leader. What can be done to encourage those of lesser status and power to speak freely? While this problem is most acute in settings where a leader has the power to influence the advancement and income of his subordinates, it is not confined to such situations. Even in organizations where the leaders are elected by members and democratic quality is the rule, difficulties in speaking freely to people in leadership positions may still exist.

We can approach this problem by introducing the concept of "psychological size." This phrase is a convenient label for the total powerful impact which one person has on another. It refers to the assumed potential which a person has for helping or hurting other people. "Psychological bigness" consists of potential for interfering with job success, income, advancement, or for making people look ridiculous, incompetent, and weak. "Psychological smallness" consists of low potential for influencing people in these ways. The condition of a group with a psychologically "big" leader is shown in Figure 1 on the following page.

When the leader is perceived as much "bigger" than any of the members, members hesitate to speak up. They carefully censor their remarks so that they will stay in the good graces of the leader. This situation can be dramatically visualized by imagining a foreman who is 10 feet tall while his subordinates are in the 6-foot range. The sheer difference in physical size would be overwhelming and would make the subordinates anxiously alert and cautious.

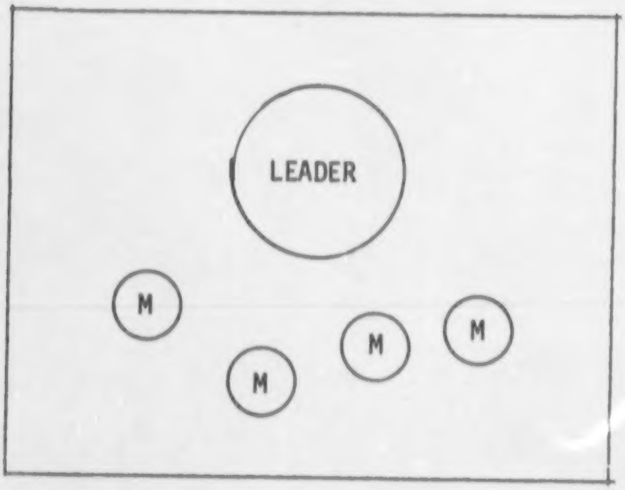

Fig. 1. Representation of relative psychological size of leader and members (M) when leader is psychologically "big."

Marked differences in psychological size have other consequences besides interfering with two-way communication. When the leader is psychologically big, group members or followers have a tendency to lean heavily upon him. They expect him to solve many problems, to see that all goes well, to take care of them. This can easily result in apathy, lack of initiative, and dependence. Another, less apparent consequence, is hidden resentment and frustration in those who are psychologically small. Believing they must carefully nurture the good will of the "big" leader they do not feel free to be themselves. They feel they must defer to him and, in a sense, deny their own individuality. Thus, even when the leader is doing a good job of taking care of his followers, considerable inner resentment may be building. Stated in psychological terms, conditions producing inappropriate dependency usually produce hidden frustration and hostility.

The solution to the problem posed in the first paragraph is for the leader to reduce his psychological size. Then we would have the condition shown in Figure 2.

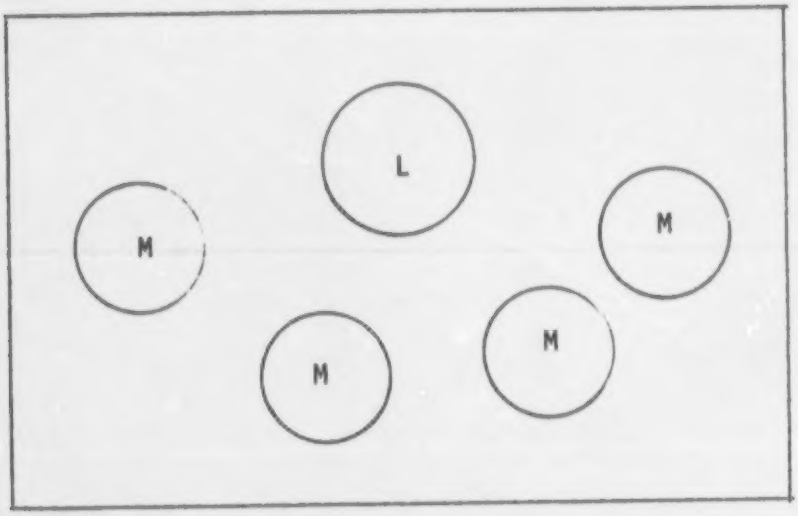

Fig. 2. Leader and members are more nearly the same size. Two-way communication is possible.

How is this reduction in size to be accomplished? That depends on recognizing the factors which contribute to psychological size. The following is a list of some of the important ones:

- high status, titles;
- power to hire or fire;
- using sarcasm or ridicule;
- making terminal statements, no disagreement possible;
- very formal manner;
- making punishing remarks;
- displaying a great amount of detailed knowledge;

- facility in use of language;
- displaying various badges of high status;
- imposing physical appearance;
- interrupting others.

You can probably add more items to the list. As you can see, not all the things that contribute to psychological bigness are necessarily unfavorable. Genuine competence and ability to express oneself well, for example, tend to increase psychological size. We do not suggest that a leader should appear less able than he is or deliberately stumble and falter in his speech in order to reduce his psychological size. But at least he can be alert to those qualities which do contribute to "bigness" and decrease undesirable ones. For example, he can be alert to decreasing his use of ridicule, making punishing remarks, interrupting others, and showing off his knowledge unnecessarily. By exhibiting a genuine interest in what others have to say, by showing regard for their opinions, by giving them a chance to talk, and by showing that he can be influenced, he will be able to decrease his "bigness" enough to create favorable conditions for communication. Often, this is something that takes time and effort. Too rapid a change may well suggest insincerity on the leader's part and baffle group members or make them suspicious. Genuine and sincere efforts to draw other people out without constantly evaluating their remarks will usually succeed, however. Perhaps an even better way to express it is to say that instead of decreasing his own psychological size, the leader attempts to increase the size of others.

APPENDIX I-f-1: DIMENSIONS OF MANAGERIAL BEHAVIOR (DOMB)[1]
(see Pp. 47,69) (Instrument)

DIMENSIONS OF MANAGERIAL BEHAVIOR: Answer Sheet

DIMENSIONS OF MANAGERIAL BEHAVIOR: Data Feedback Sheet #1

DIMENSIONS OF MANAGERIAL BEHAVIOR: Data Feedback Sheet #2

APPENDIX I-f-2: PROBLEM IDENTIFICATION FORM I (Instrument)
(see P. 47)

[1] Note: The DOMB instruments and attendant scoring instructions and theory (Appendix I-o-1 and I-o-2) were developed outside the VA system by Richard L. Brown-Burke and Philip G. Hanson. The basis for many of the items was derived from the "Dimensions of Executive Behavior" (DOEB)* questionnaire developed as a self- and other-rating instrument for giving structured feedback to managers and executives in a workshop. The items in the DOEB did not reflect any conceptual schema of leadership behaviors. The present authors modified most of the items and added others to conform to leadership styles that could be scored within an interpretable conceptual framework. The edition of the DOMB present in this handbook has been through several subsequent revisions and is now copyrighted by Training and Measurement Systems Corporation (TMS) under the titles "Dimensions of Group Leadership" (DOGL) and "Dimensions of Managerial Leadership" (DOML). Permission is given for use and duplication of the DOMB by TIGER trainers within the VA system; for other use, contact TMS Corp., Box 17231, Houston, Texas 77211.

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*The DOEB was developed for the Midwest Laboratory for Executive Development sponsored by Midwest Group for Human Resources (MGHR) and later by NTL Institute. The authors were Richard L. Brown-Burke, William Eddy, Adair Smith and Howard Trier.

(I-f-1)

DIMENSIONS OF MANAGERIAL BEHAVIOR

Richard L. Brown-Burke, Ph.D., and Philip G. Hanson, Ph.D.

Person *being* rated (name):______________________________ Date:__________

Person *doing* rating is (check relationship to person being rated):

_____Supervisor (or higher level in organization)

_____Subordinate (or lower level in organization)

_____Colleague (peer or same level in organization)

_____Myself (for self-ratings)

_____Fellow group or team member (write in name):________________________

_____Other (specify relationship to person being rated):________________

* *

This form has been designed for self-appraisal and feedback within groups or teams, to assist the persons being rated in focusing more clearly on leadership behaviors which can help them increase their group effectiveness.

* * * * * * * * * *

INSTRUCTIONS: In considering each item, within each dimension:

- Place a "0" in front of each item that is not characteristic of the individual's group or team behavior;
- Place a "1" in front of each item that is somewhat characteristic of the individual's group or team behavior
- Place a "2" in front of each item that is very characteristic of the individual's group or team behavior

Rate each item in this manner; use as many "0's," "1's," and "2's" as are appropriate.

Whenever possible, please give examples or further explanations of the behavior described, as you have seen it, in the space for examples and comments.

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I. LISTENING:

1._____Blocks other people out; frequently rejects other's ideas
2._____Sometimes listens and sometimes doesn't; pays most attention to majority viewpoint
3._____Hears words and ideas but not feelings behind them
4._____Draws other people out; interprets communication from sender's point of view
5._____Gives very little indication that he's involved or hears what is said
6._____Very sensitive to other people's feelings and personalities

Examples and comments:

II. EXPRESSING IDEAS TO OTHERS

7._____Feels he's right; pushes own ideas regardless of reactions
8._____Expresses own ideas fully and encourages others; checks whether he's understood
9._____Expresses ideas logically and clearly; sticks to facts
10._____Holds back; doesn't try sufficiently hard to get his own ideas across
11._____Sometimes pushes own ideas and sometimes holds back
12._____Encourages others to express their ideas; concerned with reactions to him

Examples and comments:

III. INFLUENCE STYLE:

13._____By delegating influence to others and then staying out of it
14._____By involving others in the issue; working as a team
15._____By status and position, or by using rewards and punishment
16._____By weight of ideas and logic
17._____By sensing majority opinion and going along with it
18._____By being friendly and supportive

Examples and comments:

IV. DECISION-MAKING

19._____Focuses primarily on keeping subordinates happy and morale high
20._____Settles for safe, reasonable compromise between productivity and morale
21._____Focuses primarily on getting job done without regard for other's feelings

22.______Gets job done through getting people, including himself, involved as a team
23.______Believes in making important decisions by himself
24.______Leaves others to make their decisions and then goes along with them; follows lead of other people

Examples and comments:

V. RELATIONSHIPS WITH OTHERS:

25.______Works best as a "loner"; won't take sides where differences exist
26.______Is very involved with others; keeps subordinates involved
27.______Expects subordinates to follow his lead and support him
28.______Sees need for supporting others; sometimes supports others, right or wrong
29.______Maintains distant, cool relationships; focuses primarily on task issues
30.______Encourages compromises among fellow workers or group

Examples and comments:

VI. TASK ORIENTATION:

31.______Constantly pressures to get job done; practices close supervision
32.______Sees task goals and morale as both very important and fully attainable
33.______Encourages task accomplishment to avoid pressure from above
34.______Seems uninvolved with task; has difficulty in meeting deadlines
35.______Concentrates energy on task as deadlines approach; works by crisis
36.______Distinguishes clearly between important and unimportant tasks; works methodically

Examples and comments:

VII. HANDLING OF CONFLICT:

37.______Works with conflict openly and productively; sees conflict as potentially useful
38.______Doesn't respond to conflict; does not appear to notice conflicts
39.______Goes out of way to avoid conflicts; smoothes over conflicts for sake of harmony
40.______Tries to manage people's feelings sufficiently to get adequate commitment and productivity
41.______Wants issues decided strictly on merit, keeping feelings and personalities out

42._____Engages in conflict with a personal need to compete and win

Examples and comments:

VIII. WILLINGNESS TO CHANGE:

43._____Values opinions and suggestions of others more when they don't conflict with his own
44._____Tries new things only if he thinks of them himself; hard to influence
45._____Quick to utilize subordinates' ideas because they need to feel successful
46._____Sees little value in worrying about change and innovation; sees little likelihood of bringing about change
47._____Considers ideas thoroughly before committing himself to something new
48._____Considers new ideas and is open to being influenced; works with team in coming up with new ideas

Examples and comments:

IX. PROBLEM-SOLVING:

49._____Considers suggestions from others and then makes final decisions himself
50._____Solves problems in group by encouraging all relevant ideas and reactions; works for consensus solutions
51._____Conducts problem-solving meetings as informal "bull-session"; stresses happy atmosphere
52._____Considers all pertinent facts and information; rules feelings out
53._____Slows down groups by going off on tangents and telling anecdotes; avoids the issue
54._____Sets his own directions and keeps them in mind; blocks out interruptions

Examples and comments:

X. GOAL-SETTING:

55._____Believes his own goals are the most appropriate ones; sets goals and directions for subordinates
56._____Works toward safe balance between organizational directives and subordinates' needs
57._____Sets goals in work group as a team effort, stressing integration of organizational requirements

58._____Goes along with goals set by others; follows line of least resistance
59._____Follows goals from above as logical and impersonal directives
60._____Encourages subordinates to set their own objectives; emphasizes and supports their needs more than organizational needs

Examples and comments:

XI. MOTIVATIONAL INCENTIVES:

61._____Praises subordinates' efforts; works toward close and informal group climate
62._____Tries for "hands-off" policy; feels that most rewards won't affect subordinate performance anyway
63._____Encourages team effort in making job more stimulating and rewarding, while increasing effort
64._____Uses combination of economic rewards and incentives with some encouragement and involvement of people
65._____Is impersonal, follows logical yardsticks and clear performance criteria in rewarding performance
66._____Follows "carrot and stick" approach in rewarding individual performance; is very critical when people don't do things his way

Examples and comments:

XII. SELF-DEVELOPMENT:

67._____Asks for feedback or suggestions from others but doesn't seem to change much
68._____Eager to know what to do to improve his staff relations, have a more friendly atmosphere
69._____Sees problems more in others than in himself; seeks better subordinates
70._____Is very analytical in studying his own performance; tries to become more logical and less emotional
71._____Encourages comments on his behavior from others and considers this feedback fully
72._____Doesn't seem to realize how others see him; discourages feedback

Examples and comments:

(I-f-1)

DIMENSIONS OF MANAGERIAL BEHAVIOR

Answer Sheet

Person being rated: ______________________________ **Date:** ________________

Person doing rating is my (check one): ______ Supervisor ______ Colleague

______ Subordinate ______ Self

Please follow the instructions on your DOMB and write your answers on this sheet.

I. LISTENING 1. ______ 2. ______ 3. ______ 4. ______ 5. ______ 6. ______	IV. DECISION-MAKING 19. ______ 20. ______ 21. ______ 22. ______ 23. ______ 24. ______	VII. HANDLING 37. ______ 38. ______ 39. ______ 40. ______ 41. ______ 42. ______	X. GOAL-SETTING 55. ______ 56. ______ 57. ______ 58. ______ 59. ______ 60. ______
II. EXPRESSING 7. ______ ______ 9. ______ 10. ______ 11. ______ 12. ______	V. RELATIONSHIPS 25. ______ 26. ______ 27. ______ 28. ______ 29. ______ 30. ______	VII. WILLINGNESS 43. ______ 44. ______ 45. ______ 46. ______ 47. ______ 48. ______	XI. MOTIVATION 61. ______ 62. ______ 63. ______ 64. ______ 65. ______ 66. ______
III. INFLUENCE 13. ______ 14. ______ 15. ______ 16. ______ 17. ______ 18. ______	VI. TASK 31. ______ 32. ______ 33. ______ 34. ______ 35. ______ 36. ______	IX. PROBLEM-SOLVING 49. ______ 50. ______ 51. ______ 52. ______ 53. ______ 54. ______	XII. SELF-DEVELOPMENT 67. ______ 68. ______ 69. ______ 70. ______ 71. ______ 72. ______

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DIMENSIONS OF MANAGERIAL BEHAVIOR

Data Feedback Sheet No. 1

(BROWN-BURKE & HANSON)

I. LISTENING

		Tally
1.	D	
2.	B	
3.	C	
4.	A	
5.	F	
6.	E	

IV. DECISIONS

		Tally
19.	E	
20.	B	
21.	C	
22.	A	
23.	D	
24.	F	

VII. HANDLING

		Tally
37.	A	
38.	F	
39.	E	
40.	B	
41.	C	
42.	D	

X. GOAL SETTING

		Tally
55.	D	
56.	B	
57.	A	
58.	F	
59.	C	
60.	E	

II. EXPRESSING

		Tally
7.	D	
8.	A	
9.	C	
10.	F	
11.	B	
12.	E	

V. RELATIONSHIP

		Tally
25.	F	
26.	A	
27.	D	
28.	E	
29.	C	
30.	B	

VIII. WILLINGNESS

		Tally
43.	B	
44.	D	
45.	E	
46.	F	
47.	C	
48.	A	

XI. MOTIVATIONAL

		Tally
61.	E	
62.	F	
63.	A	
64.	B	
65.	C	
66.	D	

III. INFLUENCE

		Tally
13.	F	
14.	A	
15.	D	
16.	C	
17.	B	
18.	E	

VI. TASK ORIEN.

		Tally
31.	D	
32.	A	
33.	E	
34.	F	
35.	B	
36.	C	

IX. PROBLEM-SOLV.

		Tally
49.	B	
50.	A	
51.	E	
52.	C	
53.	F	
54.	D	

XII. SELF-DEV.

		Tally
67.	B	
68.	E	
69.	D	
70.	C	
71.	A	
72.	F	

TOTALS: A______ B______ C______ D______ E______ F______

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(I-f-1) DIMENSIONS OF MANAGERIAL BEHAVIOR

Richard L. Brown-Burke, Ph.D., and Philip G. Hanson, Ph.D.

Data Feedback Sheet #2

	Style of Leadership	Grand Totals
A	Democratic-Participative (HH)	
B	Moving Target (MM)	
C	Logical Thinker (HM)	
D	Autocratic (HL)	
E	Friendly Helper-Peacemaker (LH)	
F	Laissez Faire (LL)	

RANK ORDER OF "MOST CHARACTERISTIC" STYLES

Order	Style	Score
1st Choice		
2nd Choice		
3rd Choice		
4th Choice		
5th Choice		
6th Choice		

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(I-f-2)

PROBLEM IDENTIFICATION FORM I

Think about a problem that is important to you in your back-home situation and for which you have a need or desire to change. This should be a problem that:

a. you are involved in as an active participant;

b. involves one or more other people;

c. you can influence or do something about;

d. is current.

I understand the problem to be: ______________________________

____

____

____

Restate the problem indicating the direction of change you desire: _____

____

____

____

State the specific aspect of the problem that you have the power or authority to influence the most. This may be the point on which you want to start.

____

____

____

____

APPENDIX I-g

MODELS OF COMMUNICATION EXERCISE

(Exercise)

(see P. 47)

(I-g) MODELS OF COMMUNICATION EXERCISE[1]

Flow of Models of Communication Exercise[2]

35" 1. Each D-Group role plays one of the four models. They observe the effects of their model on their group in terms of group atmosphere, personal reactions, etc.

15" 2. In general session two members from each group will form a new group and role play again.

10" 3. Audience will guess at the different models, express their reactions, and how the different models affected the group process.

15" 4. A representative from each group will report on the experience of the D-Group with their model.

---

[1] Contributed by Richard Ermalinski, Joyce Paris, Quentin Dinardo, and Richard Brown-Burke, VA Hospital, Houston, Texas.

[2] A more detailed schedule appears in Chapter Two, Tuesday morning schedule.

MODELS OF COMMUNICATION EXERCISE

Open Communication Model

Open communication is being just where you are when you are there. It is being willing to own your experience, report it, discuss it, and share it. Try to disclose who you are and where you are. Share your personal reactions with the group. Open communication usually occurs when people are in touch with their feelings and ideas and express them relevantly and honestly. Open communication is a primary goal of this workshop. Be as open as you can.

MODELS OF COMMUNICATION EXERCISE

Double Messages and Indirect Communication

1. Beat around the bush. Whenever possible qualify your statements.
2. Whenever possible give discrepant verbal and nonverbal messages.
3. While talking about any one issue, follow up a negative statement with a positive statement or vice versa.
4. Make statements in question form.
5. Be cagey as possible. Don't reveal yourself.

MODELS OF COMMUNICATION EXERCISE

Mystical Model

Mystical communication occurs from a particular attitude or frame of mind which is in touch with some force beyond material realities. Basic harmony and inter-relatedness of all things is a frequent attitude.

Guidelines

1. Nothing is really worth saying. Besides, it's already been said.
2. The listener should not limit this awareness by attending too closely to the speaker.
3. Be above worldly concerns.
4. Be like the man in Kung Fu. Be wise.
5. Try to understand and communicate in universal terms.

MODELS OF COMMUNICATION EXERCISE

Communication by Status Model

1. Whenever possible indicate that your experience "entitles" you to make a statement. Impress others with your experience.
2. Whenever possible cite literature which support your statements. Don't be concerned with the accuracy of your references.
3. Whenever possible mention important associates who agree with your views. Show others that you have important friends who think like you do.
4. Whenever possible mention your position or title in order to emphasize the importance of your duties and qualifications. Be convinced there is no job more important than your own.
5. Whenever possible relate what "important" people outside the group would say to statements made by others in the group.
6. Whenever possible question the right of others to make statements.
7. Appear as if you know exactly what's important and exactly what isn't.

APPENDIX I-h-1

WHAT TO LOOK FOR IN GROUPS*

(Instrument)

(see Pp. 50, 113, 127, 136)

APPENDIX I-h-2

SCOTT GENERAL HOSPITAL

(Instrument)

(see P. 50)

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*Hanson, P. G. What to look for in groups. In J. W. Pfieffer & J. E. Jones (Eds.), The 1972 Annual Handbook for Group Facilitators. Iowa City, Iowa: University Associates, 1972, Pp. 19-24.

(I-h-1)

WHAT TO LOOK FOR IN GROUPS*

In all human interactions there are two major ingredients: content and process. The first deals with subject matter or the task upon which the group is working. In most interactions, the focus of attention of all persons is on the content. The second ingredient, process, is concerned with what is happening between and to group members while the group is working. Group process, or dynamics, deals with such items as morale, feeling tone, atmosphere, influence, participation, styles of influence, leadership struggles, conflict, competition, cooperation, etc. In most interactions, very little attention is paid to process, even when it is the major cause of ineffective group action. Sensitivity to group process will better enable one to diagnose group problems early and deal with them more effectively. Since these processes are present in all groups, awareness of them will enhance a person's worth to a group and make him a more effective group participant.

Below are some observation guidelines to help one process analyze group behavior.

Participation

One indication of involvement is verbal participation. Look for differences in the amount of participation among members.

1. Who are the high participators?
2. Who are the low participators?
3. Do you see any shift in participation, e.g., highs become quiet; lows suddenly become talkative. Do you see any possible reason for this in the group's interaction?
4. How are the silent people treated? How is their silence interpreted? Consent? Disagreement? Disinterest? Fear? etc.
5. Who talks to whom? Do you see any reason for this in the group's interactions?
6. Who keeps the ball rolling? Why? Do you see any reason for this in the group's interactions?

Influence

Influence and participation are not the same. Some people may speak very little, yet they capture the attention of the whole group. Others may talk a lot but are generally not listened to by other members.

7. Which members are high in influence? That is when they talk others seem to listen.

---

* Contributed by Philip G. Hanson, Ph. D., Director, Human Interaction Training Laboratory, VA Hospital, Houston, Texas

8. Which members are low in influence? Others do not listen to or follow them. Is there any shifting in influence? Who shifts?

9. Do you see any rivalry in the group? Is there a struggle for leadership? What effect does it have on other group members?

Decision-Making Procedures

Many kinds of decisions are made in groups without considering the effects of these decisions on other members. Some people try to impose their own decisions on the group, while others want all members to participate or share in the decisions that are made.

10. Does anyone make a decision and carry it out without checking with other group members? (self-authorized) For example, he decides on the topic to be discussed and starts right in to talk about it. What effect does this have on other group members?
11. Does the group drift from topic to topic? Who topic jumps? Do you see any reason for this in the group's interactions?
12. Who supports other members' suggestions or decisions? Does this support result in the two members deciding the topic or activity for the group? (handclasp) How does this affect other group members?
13. Is there any evidence of a majority pushing a decision through over other members' objections? Do they call for a vote? (majority decision)
14. Is there any attempt to get all members participating in a decision (consensus)? What effect does this seem to have on the group?
15. Does anyone make any contributions which do not receive any kind of response or recognition (plop)? What effect does this have on the member?

Task Functions

These functions illustrate behaviors that are concerned with getting the job done, or accomplishing the task that the group has before them.

16. Does anyone ask for or make suggestions as to the best way to proceed or to tackle a problem?
17. Does anyone attempt to summarize what has been covered or what has been going on in the group?
18. Is there any giving or asking for facts, ideas, opinions, feelings, feedback, or searching for alternatives?
19. Who keeps the group on target? Prevents topic jumping or going off on tangents?

Maintenance Functions

These functions are important to the morale of the group. They maintain good and harmonious working relationships among the members and create a group atmosphere which enables each member to contribute maximally. They insure smooth and effective team work within the group.

20. Who helps others get into the discussion (gate openers)?
21. Who cuts off others or interrupts them (gate closers)?
22. How well are members getting their ideas across? Are some members preoccupied and not listening? Are there any attempts by group members to help others clarify their ideas?
23. How are ideas rejected? How do members react when their ideas are not accepted? Do members attempt to support others when they reject their ideas?

Group Atmosphere

Something about the way a group works creates an atmosphere which in turn is revealed in a general impression. In addition, people may differ in the kind of atmosphere they like in a group. Insight can be gained into the atmosphere characteristic of a group by finding words which describe the general impressions held by group members.

24. Who seems to prefer a friendly congenial atmosphere? Is there any attempt to suppress conflict or unpleasant feelings?
25. Who seems to prefer an atmosphere of conflict and disagreement?
26. Do people seem involved and interested? Is the atmosphere one of work, play, satisfaction, taking flight, sluggish, etc.?

Membership

A major concern for group members is the degree of acceptance or inclusion in the group. Different patterns of interaction may develop in the group which give clues to the degree and kind of membership.

27. Is there any sub-grouping? Sometimes two or three members may consistently agree and support each other or consistently disagree and oppose one another.
28. Do some people seem to be "outside" the group? Do some members seem to be most "in"? How are those "outside" treated?
29. Do some members move in and out of the group? Under what conditions do they come in or move out?

Feelings

During any group discussion feelings are frequently generated by the interactions between members. These feelings, however, are seldom talked about. Observers may have to make guesses based on tone of voice, facial expressions, gestures, and many other forms of non-verbal cues.

30. What signs of feelings do you observe in group members? Anger, irritation, frustration, warmth, affection, excitement, boredom, defensiveness, competitiveness, etc.
31. Do you see any attempts by group members to block the expression of feelings, particularly negative feelings? How is this done? Does anyone do this consistently?

Norms

Standards or group rules may develop in a group that controls the behavior of its members. Norms usually express the beliefs or desires of the majority of the group members as to what behaviors should or should not take place in the group. These norms may be clear to all members (explicit), known or sensed by only a few (implicit) or operating completely below the level of awareness of any group members. Some norms help group progress and some hinder it.

32. Are certain areas avoided in the group (e.g., sex, religion, talk about present feelings in group, discussing leader's behavior, etc.)? Who seems to reinforce this avoidance? How do they do it?
33. Are group members overly nice or polite to each other? Are only positive feelings expressed? Do members agree with each other too readily? What happens when members disagree?
34. Do you see norms operating about participation or the kinds of questions that are allowed? (e.g., "If I talk you must talk." "If I tell my problems you have to tell your problems.") Do members feel free to probe each other about their feelings? Do questions tend to be restricted to intellectual topics or events outside of the group?

Styles of Influence

Influence can take many forms. It can be positive or negative, it can enlist the support or cooperation of others or alienate them. How a person attempts to influence another may be the crucial factor in determining how open or closed the other will be toward being influenced. Items 35 through 38 are suggestive of four styles that frequently emerge in groups.

35. Autocratic: Does anyone attempt to impose his will or values on other group members; tries to push them to support his decisions? Who evaluates or passes judgment on other group members? Do any members block action when it is not moving in the direction they desire? Who pushes to "get the group organized"?
36. Peacemaker: Who eagerly supports other group members' decisions? Does anyone consistently try to avoid conflict or unpleasant feelings from being expressed by pouring oil on the troubled waters? Is any member typically deferential toward other group members--gives them power? Do any members appear to avoid giving negative feedback, i.e., who will level only when they have positive feedback to give?
37. Laissez Faire: Are any group members getting attention by their apparent lack of involvement in the group? Does any group member go along with group decisions without seeming to commit himself one way or the other? Who seems to be withdrawn and uninvolved; does not initiate activity--participates mechanically and only in response to another member's question?
38. Democratic: Does anyone try to include everyone in a group decision or discussion? Who expresses his feelings and opinions openly and directly without evaluating or judging others? Who appears to be open to feedback and criticisms from others? When feelings run high and tension mounts, which members attempt to deal with the conflict in a problem-solving way?

(I-h-2)

SCOTT GENERAL HOSPITAL*

Scott General Hospital is a moderately sized, municipally-run, general hospital in a city of 1,200,000, located on the East coast. The staff of the hospital number 1,500 persons. The position of chief nurse, recently vacated, has just been filled.

The hospital hired Mr. Farron from a professional employment agency who recommended him for being diligent, hard working, efficient, and progressive. Indeed, the hospital felt such a man was necessary. He had attended several Human Relations Training Laboratories and Management Development workshops, and had developed a management philosophy consistent with this training. The chief nurse who had just retired had allowed the wards to run on a haphazard, catch-as-catch-can basis. The work load of nursing staff had been unevenly distributed. There were no work assignments, and it was not at all uncommon for the nursing staff to have a lot of absenteeism. In addition, wards frequently found themselves without help during periods of absences. Mr. Farron knew that this type of laissez-faire management produced frustration and low morale in a working force. When Mr. Farron was hired, it was made clear that it would be his responsibility to iron out these difficulties. He spent his first week as an observer, making the rounds and acquainting himself with the situation.

There was no doubt in Mr. Farron's mind that, in addition to the work problems already noted, the morale of the staff was very low. The question he asked himself was, "How can I deal most effectively with the problems of getting more work accomplished and at the same time increase staff morale?" He had some understanding of the intimate but complex relationship between how well people do their job and their feeling of satisfaction in the work situation with themselves and with their work associates. At work, happy people tend to produce more work. There are several strategies he can adopt, but not all of them will be equally effective.

Rank from one to five the order of effectiveness of the five solutions to the problem. A rank of number one being the best solution to the problem; number two, the second best course of action, and so on until number five which you see as the worst course of action or solution.

---

* Contributed by Philip G. Hanson, Ph.D., Director, Human Interaction Training Laboratory, VA Hospital, Houston, Texas, and Paul B. Rothaus, Ph.D., formerly at the VA Hospital, Houston, Texas, and now in private practice.

Problem No. 1

The decision-making process at staff meetings was completely ineffective. Two or three people carried the ball most of the time and were primarily responsible for most of the decisions made. These decisions, however, were seldom carried out because of lack of support from all of the staff members present. Several courses of action were open to Mr. Farron:

______ a. He goes along with what others in the group decide but without much apparent involvement or pushing, because he wants his subordinates to be involved and not overly influenced by him. He lets others make the decisions. He frequently comes late to meetings, leaves early without explanation, sits silently, explaining but with little encouragement, to the others that it's "their show."

______ b. He is interested in the group's achieving a compromise between its goal and group morale. When there are several possible decisions the group can make, he calls for the democratic procedure of voting. This gets reasonable action and satisfies the majority of people concerned.

______ c. He makes decisions and starts action without overly considering each of the others in the group. When he "gets his mind set" on a good idea, he plows through with it. He prefers group meetings where hard and fast decisions for action are made--he becomes restless and impatient when it takes too much time to work out decisions and plans, and the staff gets bogged down.

______ d. He aims for decisions based on the full planning and cooperation of all concerned. He is wary of decisions that are "rushed through" the group over objections and without opportunity for consideration of alternatives. He prefers meetings where the goals and objectives are planned and achieved through full group participation. He realizes that considering many points of view takes time but pays off in the long run.

______ e. He quickly offers agreement and support to others' ideas because he knows how important friendly staff relations are and how crippling conflict can be. He tends to postpone or avoid difficult decisions in order to reduce tension and keep peace. He prefers group meetings which are friendly and easygoing rather than overly aggressive and tough work sessions.

Problem No. 2

At one of the recent staff meetings, the question of summer vacations came up. There was considerable resentment among the newer staff about the older staff people getting preference for the summer months. One member was particularly vociferous about this preferential treatment because he had been forced to take his vacations when his children were in school. Encouraged by this, other members began expressing their resentment to Mr. Farron. Feelings began running high and voices got louder and louder.

______ a. When conflict and tension arise in the group, he often gets into the thick of it by "taking sides" and stating his own wishes clearly and firmly. Since he is in charge of the group, he often handles conflict by "putting the lid on it," arguing, "Let's get back to facts and leave feelings out of this meeting."

______ b. When conflict arises, he tries to get to the core of it. He wants those involved to learn how and why the problem developed in order to resolve it in a way that it will not recur in the future and the effectiveness of the individual staff members will not be diminished by the conflict.

______ c. He avoids committing himself in situations involving conflict and tensions because he does not want to prejudice decisions of his staff. His participation decreases considerably, he becomes noncommittal and develops a "hands off" attitude, encouraging his staff to "sit down together and work it out."

______ d. When conflict arises, he tries to arbitrate and compromise--to find moderately agreeable solutions and decisions which will not hurt the organization much and which will be fairly acceptable to most of those concerned.

______ e. He smoothes over people's feelings and tries to keep them from getting angry (without exploring the reasons behind the tensions). He wants to avoid conflict in the group at any cost, because he knows how destructive it can be to congenial and cooperative staff relations.

APPENDIX I-i-1

OBSERVER'S GUIDE FOR PATIENT INTERVIEW

(Instrument)

(see Pp. 52, 163)

APPENDIX I-i-2

THE HELPING RELATIONSHIP

(Theory)

(see P. 118)

APPENDIX I-i-3

HELPING RELATIONS

(Exercise)

(I-i-1)

OBSERVER'S GUIDE FOR PATIENT INTERVIEW

1. How would you describe the behavior:

   of the applicant? (apathetic, resistant, reserved, relaxed, tense, exploitative, earnest or what?)

   of the interviewer? (insensitive, defensive, warm, attentive, controlling, put downish, or what?)

2. What difficulties were each having in communicating with each other? (Ask this question of interviewer and applicant.)

3. What did each man say (and how did he say it) that:

   lessened the difficulties (or defensiveness)

   increased the difficulties (or defensiveness)

4. Did you see evidence that either applicant or interviewer were responding primarily to their own needs -- e.g., not responsive to other person's questions or statements, not hearing, talking past each other -- "Who owns the problem?"

5. Was there any evidence the goals (purposes) of the interview as seen by the applicant and the interviewer were similar or different, e.g., applicant trying to get in, interviewer trying to keep him out.

6. Toward the end of the interview was there any improvement in communication between the two? Did more attitudes, feelings, and facts get on the table?

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* Contributed by Philip G. Hanson, Ph.D., Director, Human Interaction Training Laboratory, VA Hospital, Houston, Texas.

(I-i-2)

THE HELPING RELATIONSHIP*

Introduction

A Helping Relationship is the kind of relationship that can occur at any time between two or more persons. The direction of help can be unidirectional or reciprocal and the format formal or informal. Whenever an individual seeks help of some kind from another individual, be he friend, relative, teacher, counselor, therapist, supervisor, subordinate or boss, they are in a helping relationship. While many of the points described in the analysis of the helping relationship outlined below can be generalized to any helping situation, the primary purpose of the discussion is to look at the more typical or formal kind of helping relationship; e.g., supervisor-subordinate, counselor-counselee, consultant-client, teacher-student, therapist-patient, etc. The terms "helper" and "receiver" will always refer to the person giving help and the person receiving the help respectively.

General Observations

1. Helper is trying to help receiver, i.e., to influence or help the receiver to bring about some change. The receiver expects (hopes) to get some help.

   -Influence and learning occur in both directions, both helper and learner have power in the situation.

   -The style of helping may be the critical determinant in whether or not the receiver is open to being helped or influenced.

   -Regardless of what the helper does, however, the receiver controls whether or not change will take place.

   -"You cannot change another person; you can change only yourself, but you can provide a climate which facilitates change."

---

*Contributed by Philip G. Hanson, Ph.D., VA Hospital, Houston, Texas. See Appendix I-i-3 for description of an exercise on Helping Relations.

2. There is an expectation (or hope), on the part of both helper and receiver that the direction of change will be constructive or helpful.

   -Definition of "helpful" needs to be clarified and accepted by both helper and receiver.

   -Attention needs to be paid to whose needs are being met, helper's or receiver's, in the situation.

3. The interaction takes place between helper and receiver in reference to some problem or need that the receiver has.

   -The problem or need may be clear and well defined or it may be vague and ill defined.

   -The problem or need may be within the relationship of helper and receiver, or external to the relationship.

   -Clarification or definition of problem needs to be mutually agreed upon before effective problem-solving can occur.

4. Once the helping relationship "contract" is mutually agreed upon, the relationship itself becomes the most important element in the situation. Important dimensions that facilitate the helping nature of the relationship are:

   -A climate of trust, acceptance, and caring.

   -Ability to enter receiver's "reality" to understand his world without the helper imposing his own reality of what the world should look like.

   -Communicating clearly, no double or confused messages.

   -A nonjudgmental attitude, accepting receiver as he is unconditionally.

   -Clear and honest intention to be helpful.

5. The helping situation is complex and dynamic (see figure 1) changing from moment to moment by the many factors influencing the relationship. Some of these factors include:

   -What each person brings to the helping situation.

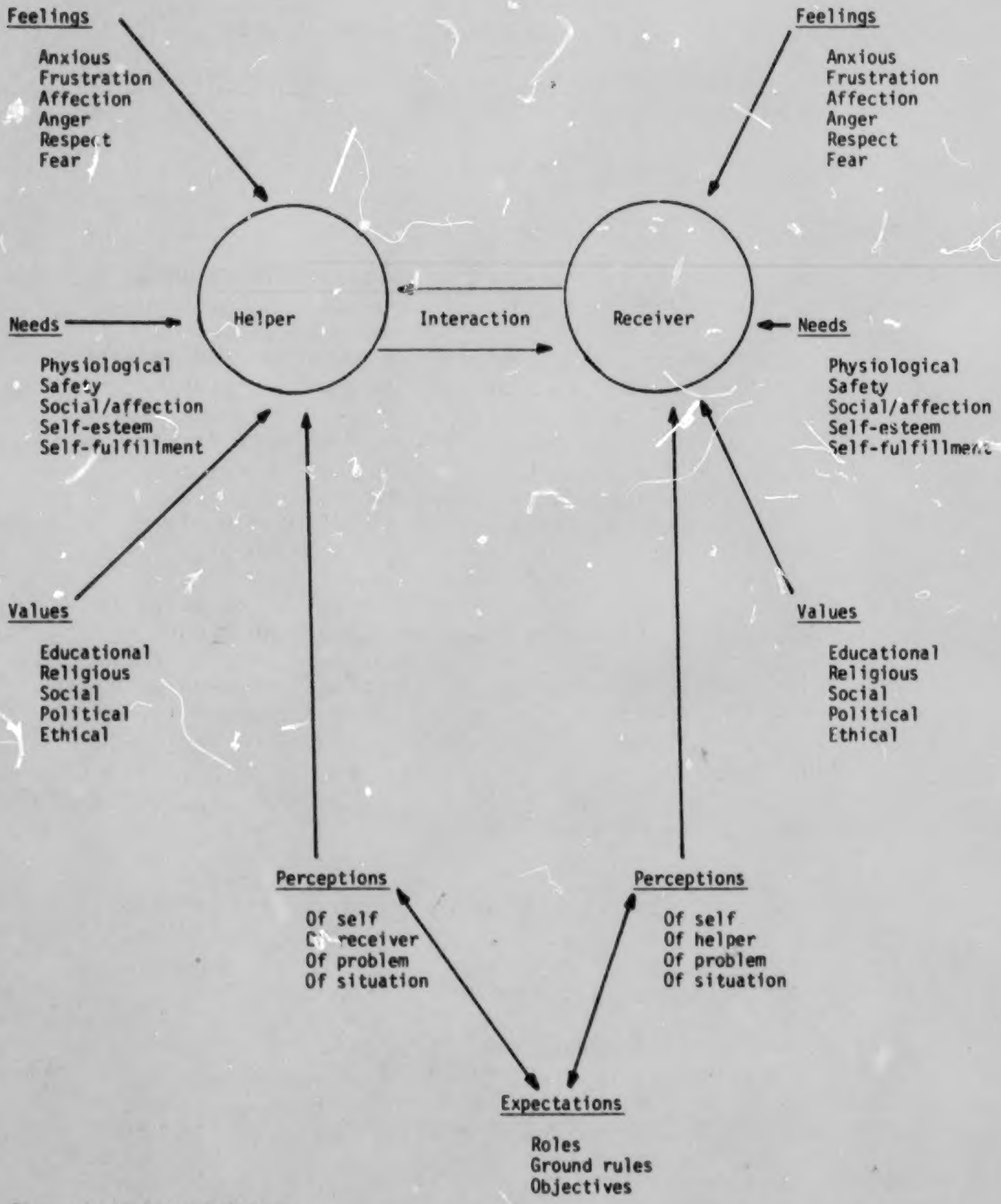
Feelings
Anxious
Frustration
Affection
Anger
Respect
Fear
Feelings
Anxious
Frustration
Affection
Anger
Respect
Fear
Needs
Helper
Interaction
Receiver
Needs
Physiological
Safety
Social/affection
Self-esteem
Self-fulfillment
Physiological
Safety
Social/affection
Self-esteem
Self-fulfillment
Values
Educational
Religious
Social
Political
Ethical
Values
Educational
Religious
Social
Political
Ethical
Perceptions
Of self
Of receiver
Of problem
Of situation
Perceptions
Of self
Of helper
Of problem
Of situation
Expectations
Roles
Ground rules
Objectives

Figure 1. Helping Relations

-What develops and transpires during the relationship.

-What are the expectations and anticipations surrounding termination and aftermath of the relationship.

6. Factors in Helping Situation: Figure 1

Feelings

Both helper and receiver have feelings in the situation which they bring with them and which develop, change, or endure during the relationship. These may include anxiety, frustration, affection, anger, respect, fear, love, etc. The feelings that exist in either or between both persons may be compatible and move the helping process forward or they may be at odds and disrupt or retard progress. Since feelings influence perceptions and support attitudes, they need to be surfaced and examined for their facilitating or inhibiting effect on problem-solving.

Needs

Both helper and receiver have needs which they bring to the situation and which can critically affect the helper's effectiveness and the receiver's receptivity to being helped. The situation may tap needs at several levels (Maslow):

-Physiological: physical comfort and well being; fatigue, hunger, thirst and elimination not pressing either person in the situation.

-Safety: emotional security, free from threat, financially able to support self.

-Social/affection: both helper and receiver's need to be liked, cared about.

-Self-Esteem: helper's need to be seen as competent and having mastery over his skills and talents; receiver's need for self-respect and a sense of personal worth. These needs are not mutually exclusive of either helper or receiver in the situation.

-Self-Fulfillment: the need of both persons to develop themselves to the full extent of their powers and talents; success and satisfaction as a person, counselor, supervisor, consultant, etc.

Values

Both the helper and receiver have values some of which may be fully defined and conscious and others partially or fully submerged. The values of the helper and the receiver may be similar or quite dissimilar, being derived from similar or different cultural backgrounds. Some values provide the motives for adaptive behavior and move the individual in a constructive direction. Other values may motivate nonadaptive, self-defeating behaviors. In addition, what may seem nonadaptive in one subculture may be functional in another, e.g., aggressive behavior is functional in street people but not in middle-class society. Regardless of the level of awareness and clarity, or the similarity and dissimilarity of values of the helper and receiver, they will affect the perceptions, attitudes, and beliefs of both people. If the values are central to the individual's personhood, they will be defended strongly if they are threatened by an imposition of contrary value systems.

Perceptions

Each person has perceptions of self, of the other, of the problem, and of the helping situations. These perceptions are influenced and shaped by the feelings, needs, and values of the helper and the receiver. Some perceptions are stable and retain their integrity throughout the relationship while others are vague, temporary, or shifting as a consequence of the interactions and exchange of information in the helping situation. For the helping relationship to progress, some consistency, agreement, or congruency of perceptions need to be attained between the helper and the receiver, e.g., agreement on the problem.

Expectations

What each individual expects from the helping situation, particularly the receiver, needs to be clarified and negotiated. Expectations, when they are not met can become demands. They can also be unrealistic in terms of what the receiver wants and what the helper can give.

In the helping situation expectations may involve:

-Roles: The definition each has of the other's role may shape what is expected from each other. If the receiver for example expects the helper to give him answers when the helper expects the receiver to solve his own problem using himself in the role of facilitator, the two will be in conflict. A clear contract needs to be established as to what role each will play both within and outside the helping situation.

-Ground rules: These consitute the guidelines for behavior in the relationship and may be based on role definition to a large extent. They may include what is or is not legitimate subject matter; frequency, length, and location of contact; a commitment to processing the interaction as well as consideration of content; etc. The ground rules themselves need to be examined frequently else they become inflexible and unproductive norms.

-Objectives: Outcome or goals of the helping situation need to be evaluated and re-evaluated periodically to see if there is agreement between helper and receiver and whether or not they are progressing toward those goals. Before progress can be assessed, however, the goals need to be clear. It is extremely useful if the helper and receiver can establish some criteria of what constitutes success, goal achievement, or progress.

Some Blocks to Giving Help

1. If the helper needs to feel competent and important he may start giving advice or suggesting solutions without considering receiver's needs or readiness. When receiver expresses dissatisfaction with progress, helper then becomes anxious and may become defensive (e.g., impatient, apologetic). If the receiver becomes defensive the helper may put pressure on the receiver or argue with him. As a consequence the helper may not see where the receiver is but where he thinks the receiver should be.

2. The helper may interject his own needs and attempt to take over the problem or create dependency, in the receiver, on the helper. The tendency of the helper may be to "do" instead of help or to make decisions for the receiver. If the receiver doesn't accept the kind of help (e.g., advice) the helper is offering, the helper may push harder.

3. The helper may indulge in premature problem-solving before an adequate diagnosis is obtained. If the problems have not been

thoroughly identified and delineated, solutions offered may not be relevant and the helper will then have to spend time backtracking. The helper can keep the responsibility for the problem with the receiver by facilitating the exploration and solution of the problem by the receiver.

4. The helper may appear not to be involved in the receiver or his problem or to keep the receiver at a distance. This distance or lack of involvement may create communication barriers or be interpreted by the receiver as not caring.

5. The helper may have feelings about the receiver that he does not accept. If those feelings are denied they may be acted out in ways unaware to the helper but picked up by the receiver. As long as they are not accepted by the helper the feelings cannot be worked on in the relationship and will create barriers between the helper and the receiver.

6. The helper's style of giving help may create resistance or an unreceptive attitude in the receiver. The helper's style may be that of a teacher or expert in which he attempts to advise or, in similar ways, control the receiver's behavior. The helper may have a strategy for helping which he does not share with the receiver who may feel manipulated. The style of the helper may be overprotective, paternalistic, unconfronting, or moralistic. The helper needs to be aware of his own style and to what extent it is facilitative or inhibitive of the receiver's willingness to be receptive, involved, and to take risks.

7. Finally, the helper may fail to persist in helping the receiver or be unwilling to deal with difficult issues when they arise, or he may simply wish to be liked by the receiver and thus enter into collusive and superficial agreement.

Some Blocks to Receiving Help

1. The receiver wants to appear competent and may perceive his admission to some of his inadequacies as a sign of weakness or incompetence. The tendency of many people to overly identify themselves with their productions makes it difficult for them to separate their sense of personal worthwhileness from their performance.

2. The receiver subscribes to the cultural norm of being independent and may see the helping relationship as one of dependency upon the helper. Inability to be dependent when it is appropriate, however,

is a sign of counterdependence rather than independence. Interdependence, on the other hand, suggests a mutuality of dependence when and where it is functional and effective behavior. The receiver may not see the interdependency of the relationship.

3. The receiver may find it difficult to trust another person with his "weaknesses" or personally intimate information. He may fear being hurt or that the helper may use the information against him in some way. This fear is particularly potent when the helper has power over the receiver, as in a supervisory-subordinate relationship. A previous unsatisfactory experience in a helping relationship may also create feelings of distrust in the receiver as he approaches a new helper.

4. The receiver may have already diagnosed his own problem and wants only confirmation. When the receiver's mind is made up he may block out other definitions of the problem. In other cases the receiver may be looking for sympathy and support rather than in seeing his problem more clearly. He, therefore, may stop listening when he hears an objective view of how he contributes to the problem.

5. The receiver may not have formulated his problem clearly enough or just does not understand what kind of help he needs or how the helper can help him. The receiver may conceptualize his dilemma as "I know something is wrong but I don't know what, and I don't know how anybody can help me." Even if the receiver has a clear perception of his problem his attitude may still be "how can he help me with this kind of problem?" One example is the alcoholic who thinks only another alcoholic can understand him or help him with his problem.

Questions the Helper can Ask Himself*

1. Can I be consistently trustworthy and dependable and let the receiver feel that I am?

2. Can I put myself in the receiver's shoes and experience the world as he sees it, not as I think he should or ought to see it?

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*Summarized portions from Carl Rogers' "The Characteristics of a Helping Relationship," from the Reading Book of NTL Institute for Applied Behavioral Science.

3. Can I communicate straightforward and clearly; not ambiguously or conveying double or confused messages which create double-binds for the receiver.

4. Can I accept my own feelings, needs, and limitations as well as strengths?

5. Can I accept the receiver's feelings, needs, and limitations as well as his strengths, or do I accept him conditionally?

6. Can I help the receiver in a way that doesn't threaten his feelings of worthwhileness as a person?

7. Do I have faith in the receiver's ability to change and to accept his own responsibility for this change? Or do I bind him to his past?

(I-i-3)

HELPING RELATIONS EXERCISE*

Schedule of Activities

TIME

5 min. General Introduction and Instructions

3 min. Break participants into quartets (if using D-groups, you may want to divide participants into quartets or quintets within each group).

10 min. Role Assignment: Assign roles: (1) person with problem (person from each quartet volunteer for the role); (2) traits approach; (3) advice giver; (4) goals approach. (If you have quintets, use fifth person as an observer.)

15 min. Clarify roles: All persons with the same roles meet together to talk about and clarify their roles. (Director should rotate to insure that participants understand the roles.)

35 min. Role play: Quartets meet again. Person with problem presents 5-minute description of problem. Each helper then takes 10 minutes to provide help according to assigned helping style, i.e., traits approach, advice giver, and goals approach, respectively. When helpers are not actively involved with the person with the problem they should function as observers, using the Observer Guide.

20 min. Process role play: Person with problem can rate extent to which each style helped him. If there is an observer, he or she can feed in his or her observations. Group can discuss helping styles and consequences of each style.

20 min. General session: Generalizations for helping relationships.

1. List on newsprint basic assumptions of each helping style.

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*Based upon the skill practice exercise of the same name included in: Philip G. Hanson, Ph.D. Individual and Group Effectiveness Training: A Manual for Trainers. Department of Medicine and Surgery, Veterans Administration, Washington, D.C., June, 1973. Revisions by Arthur M. Freeman, Ph.D.

2. List possible consequences of each style regarding effect on client's feelings, initiative, and decision-making responsibility.
3. Under what conditions would one or the other style be appropriate or inappropriate.
4. As each helper paraphrased the problem, were there any shifts in the perceptions of the problem by the client and/or the helpers.

Evaluation of Helping Styles

The evaluation data are based on four workshops. A 3-point scale was used to compute the Means.

Helping Styles

(N - 151)

		Frequency of Ratings		
	Mean	Hi	Med	Lo
Satisfaction	2.4	74	57	20
Applicability	2.5	81	53	12

HELPING RELATIONSHIPS

Instructions for Person with a Problem

1. Choose a problem with which you would like help. It may be a problem in your personal life, family problem, a problem on the job, or some problem related to community affairs. It should meet the following criteria:

   A. Urgent. You really care. You have thought a lot about it. It is important. Something will have to be done about it fairly soon. However, it should not be the most important problem facing you at this time.

   B. Human Relations. The heart of the problem should lie in your relations with another person, or with a group or with several groups.

   C. Limited. You will have 5 minutes to tell your helpers about it and a half hour to discuss it. You will be able to talk with each helper for 10 minutes at a time, one after the other. It should be simple enough to permit you to convey the issues clearly in the limited time.

   D. Yours. You should have a responsibility in dealing with the problem.

2. Join freely and genuinely in the discussion with your three helpers--one at a time. Try to get help from them. Test out their suggestions and explore their ideas.

3. Pay attention to your feelings and see if they change during the discussion; try to connect any changes in feeling with what each of your helpers say and do.

4. After the discussion tell the small group how you felt as the conversation went on and what ideas you now judge to be fruitful and helpful to you for dealing with this problem. Try to identify which kinds of help provided by which helper you found acceptable and useful.

HELPING RELATIONSHIPS

Instructions for Traits Approach Role

1. Listen thoughtfully to the problem presented. Paraphrase what the person with the problem is saying until he or she is satisfied that you are understanding the problem situation.

2. Try to find some character or personality style of relating to others used by the person presenting the problem which might explain why his or her problem continues. Be direct in your criticism of the way he or she has handled the problem in the past. For example, you might point out that he or she tends to be inconsiderate of others, is hard headed, refuses to listen to the other people involved, or refuses to negotiate. Offer no solution to the problem. However, you may suggest that the person might wish to consider changing his or her undesirable traits. Operate on the assumption that the person with the problem may not be fully aware of the way in which his or her typical style of behaving contributes to the problem. Assume that the person can benefit from knowing more about the consequences of his or her personality traits. That is, it may be that once aware of the consequences of his or her behavior, more realistic decisions can be made as to whether or not he or she wants to change his or her behavior in reference to the problem.

HELPING RELATIONSHIPS

Instructions for Advisor Approach Role

1. Listen first, thoughtfully, to the problem as presented. Paraphrase what the person with the problem is saying until he or she is satisfied that you are understanding the problem situation.

2. In general, operate on the assumption that there are some skills or some insights which the person with the problem needs (but doesn't have) and that your responsibility as an advisor is to provide the person with whatever he or she needs to manage the problem.

3. Recommend, in order, what steps you would take if you were in the person's situation. If the person with the problem does not accept some of your suggestions, make other recommendations until you hit on something which he finds helpful. Give your best advice. Do not ask questions except to clarify the problem presented or to see if the person is willing to accept the advice that you give. Share your own past experiences which seem to you to be analogous or similar to the type of problem described by the person with the problem. Let him or her know that the problem is not unique--that other people, like yourself, have been confronted by similar problems. Tell the person with the problem how you have handled similar problems--or how people you know have managed--or, perhaps, some theory or method or technique that you know about which may help the person understand or do something about the problem.

HELPING RELATIONSHIPS

Instructions For Goals Approach Role

1. Listen thoughtfully to the problem presented. Paraphrase what the person with the problem is saying until he or she is satisfied that you are understanding the problem situation. In general, operate on the assumption that the person with the problem knows more about the problem than you do--but, he or she needs someone to help him or her to clarify and organize his/her perceptions about the problem and how to go about working it through.

2. Ask the person with the problem, What is the objective or goal that the person would like to achieve with regard to the problem situation? Ask questions to help the person clarify the problem in his/her own mind and the forces affecting resolution of the problem. Do not give any advice. Listen for understanding.

3. Inquire as to what alternative actions might be taken which stand some chance of being successful in eliminating or reducing the strength of the forces which have been preventing progress toward achieving the desired goal. What resources does the person with the problem have in attempting to eliminate or manage the problem? This should be a time for creative thinking so help the person allow himself or herself to consider any idea that comes to mind--even if it seems wild or unrealistic. Give no advice--it is the right and the responsibility of the person with the problem to come up with these alternatives.

4. Now raise questions which will assist the person with the problem in exploring the consequences of the alternatives which he or she now sees as being available. This is the time to do some critical thinking in making choices as to which alternative action(s) the person will attempt to put into operation in attempting to achieve the desired goal.

APPENDIX I-j

POWER SPECTRUM*

(see Pp. 54, 114)

APPENDIX I-j-1	SUGGESTED FORMAT FOR PAIRING SUPERVISORS WITH SUBORDINATES
APPENDIX I-j-2	1ST TASK LIST
APPENDIX I-j-3	POWER STYLE INSTRUCTIONS FOR SUPERVISORS (.5/.5)
APPENDIX I-j-4	RATING SCALE
APPENDIX I-j-5	9-POINT SCALE TABULATION SHEET
APPENDIX I-j-6	SAMPLE BAR CHART
APPENDIX I-j-7	2ND TASK LIST
APPENDIX I-j-8	POWER STYLE INSTRUCTIONS FOR SUPERVISORS (1/0)
APPENDIX I-j-9	3RD TASK LIST
APPENDIX I-j-10	POWER STYLE INSTRUCTIONS FOR SUPERVISORS (0/1)
APPENDIX I-j-11	THE POWER SPECTRUM (Theory)

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*Detailed instructions for the Power Spectrum Exercise and the use of these appendices appear in Chapter Two, Tuesday evening schedule, 7:00 - 9:00 p.m.

(I-j-1)

SUGGESTED FORMAT FOR PAIRING SUPERVISORS WITH SUBORDINATES

SUPERVISORS	SUBORDINATES		
	Interaction 1	Interaction 2	Interaction 3
1	A	B	C
2	B	C	A
3	C	A	B
4	D	E	F
5	E	F	D
6	F	D	E
7	G	H	I
8	H	I	G
9	I	G	H
10	J	K	L
11	K	L	J
12	L	J	K

(I-j-2)

Supervisor ______________

Subordinate ______________

1ST TASK LIST

Power Spectrum

Instructions: Rank order the following items in terms of their importance for obtaining a job. Place a number 1 by the most important item, number 2 by the next most important item, and so on down to number 8 which represents the least important item.

______ 1. Capacity to learn the work.

______ 2. Know someone of influence in the company.

______ 3. Prior experience in line of work.

______ 4. Ability to get an idea across.

______ 5. Good employment record.

______ 6. Evidence of ability to work with others.

______ 7. Ability to make a good impression.

______ 8. Willingness to assume responsibility.

(I-j-3) POWER STYLE INSTRUCTIONS FOR SUPERVISORS

Power Weight .5/.5

This interaction is a joint undertaking. Develop an acceptable basis for working together before you start into the rankings. For example, you and your subordinate might set the goal of agreeing on the items that go at the extremes of the scale first and then resolving any differences in the intermediate categories. Be sure every item gets a reasonable amount of consideration. Give your subordinate a full chance to participate. Even though you are in fact the leader, you have equal respect for his opinions as for your own. Therefore, your goal is to weight his opinions and your opinions equally.

Keep in mind that after you finish each interaction you will be asked to evaluate the efficiency of your subordinate in helping your pair develop the most adequate list. At the same time your subordinate will be asked to evaluate your efficiency in acting according to these interactions.

INTERACTION: 1__ 2___ 3___ SUPERVISOR ___ SUBORDINATE___

RATING SCALE

CIRCLE THE NUMBER ON EACH RATING SCALE WHICH BEST REPRESENTS YOUR PRIVATE REACTIONS TO THE SUPERVISOR-SUBORDINATE INTERACTION YOU HAVE JUST COMPLETED.

1. LEADERSHIP BETWEEN US:

9 SUPERVISOR LED COMPLETELY
8 SUPERVISOR LED ALMOST COMPLETELY
7 SUPERVISOR LED QUITE A BIT
6 SUPERVISOR LED A LITTLE MORE
5 WE LED AND FOLLOWED ONE ANOTHER ABOUT EQUALLY
4 SUBORDINATE LED A LITTLE MORE
3 SUBORDINATE LED QUITE A BIT
2 SUBORDINATE LED ALMOST COMPLETELY
1 SUBORDINATE LED COMPLETELY

2. HOW MUCH SATISFACTION DID YOU PRIVATELY FEEL REGARDING YOUR PARTICIPATION?

9 COMPLETELY SATISFYING EXPERIENCE
8 ALMOST COMPLETELY SATISFYING
7 QUITE SATISFYING
6 MORE SATISFYING THAN DISSATISFYING
5 INTERMEDIATE BETWEEN SATISFYING AND DISSATISFYING
4 MORE DISSATISFYING THAN SATISFYING
3 QUITE DISSATISFYING
2 ALMOST COMPLETELY DISSATISFYING
1 COMPLETELY DISSATISFYING EXPERIENCE

3. HOW MUCH DID YOU HAVE A SENSE OF "TEAMNESS" WITH YOUR SUPERVISOR OR SUBORDINATE?

9 COMPLETE TEAMNESS, NO SEPARATENESS
8 ALMOST COMPLETE TEAMNESS
7 MUCH TEAMNESS
6 MORE A TEAM THAN SEPARATE
5 INTERMEDIATE BETWEEN BEING A TEAM AND BEING SEPARATE INDIVIDUALS
4 MORE SEPARATE THAN A TEAM
3 QUITE SEPARATE
2 ALMOST COMPLETE SEPARATENESS
1 COMPLETE SEPARATENESS, NO TEAMNESS

4. WHAT KIND OF A SUPERVISOR OR SUBORDINATE DID YOUR PARTNER MAKE?

9 COMPLETELY ADEQUATE TO WORK WITH
8 ALMOST COMPLETELY ADEQUATE
7 QUITE ADEQUATE
6 A LITTLE MORE ADEQUATE THAN INADEQUATE
5 NEITHER ADEQUATE NOR INADEQUATE
4 A LITTLE MORE INADEQUATE THAN ADEQUATE
3 QUITE INADEQUATE
2 ALMOST COMPLETELY INADEQUATE
1 COMPLETELY INADEQUATE TO WORK WITH

5. HOW MUCH RESPONSIBILITY FOR THE ACTIVITY DID YOU EXPERIENCE?

9 FELT COMPLETELY RESPONSIBLE
8 FELT ALMOST COMPLETELY RESPONSIBLE
7 FELT SOMEWHAT RESPONSIBLE
6 FELT A LITTLE RESPONSIBLE
5 FELT INTERMEDIATE BETWEEN RESPONSIBILITY AND LACK OF RESPONSIBILITY
4 FELT A LITTLE LACK OF RESPONSIBILITY
3 FELT SOMEWHAT A LACK OF RESPONSIBILITY
2 FELT ALMOST A TOTAL LACK OF RESPONSIBILITY
1 FELT A TOTAL LACK OF RESPONSIBILITY

6. MY PRIVATE FEELINGS CONCERNING THE LIST WE MADE AS A PAIR IS THAT THE LIST IS THE:

9 BEST POSSIBLE
8 ALMOST THE BEST
7 QUITE GOOD
6 SOMEWHAT BETTER THAN AVERAGE
5 ABOUT AVERAGE
4 SOMEWHAT POORER THAN AVERAGE
3 QUITE POOR
2 ALMOST THE POOREST
1 POOREST POSSIBLE

(I-j-5)

9-POINT SCALE TABULATION SHEET
FOR 16 OR LESS PERSONS

DATE: ____________________

Question #____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	Average

Question #____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	Average

Question #____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	Average

Question #____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	Average

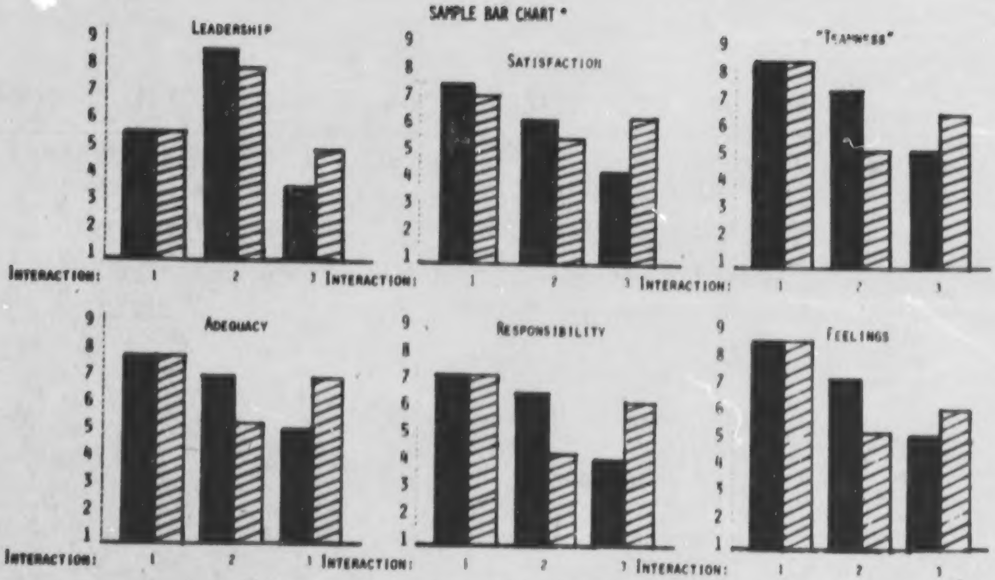
Question #____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	Average

Question #____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	Average

SAMPLE BAR CHART *



▇ SUPERVISOR

▨ SUBORDINATE

*THIS IS A TYPICAL LOOKING BAR CHART--EXPECT VARIATIONS THOUGH. (DURING THE EXERCISE THE FOURTH STAFF MEMBER SHOULD PREPARE A CHART LIKE THIS, ON NEWSPRINT FOR PRESENTATION DURING THE GENERAL SESSION.)

(I-j-7)

Supervisor ________________

Subordinate ________________

2ND TASK LIST

Power Spectrum

Instructions: Rank order the following items in terms of their importance for becoming a productive employee. Place a number 1 by the most important item, number 2 by the next most important item, and so on down to number 8 which represents the least important item.

________ 1. Changing methods used on job, when necessary, without consulting boss.

________ 2. Leveling with the boss.

________ 3. Obeying instructions cheerfully.

________ 4. "Apple polishing"

________ 5. Participating in training on own time.

________ 6. Willing to work beyond job requirements.

________ 7. Waiting for instructions when in doubt.

________ 8. Pushing one's own point of view for the good of the company, even at personal loss.

(I-j-8) POWER STYLE INSTRUCTIONS FOR SUPERVISORS

Power Weight 1/0

In this interaction you are responsible for the activities and procedures followed by your pair. Take whatever responsibility into your own hands you consider necessary to get the job done. You tell your subordinate the procedure you wish him to follow in working for you. Your goal is to weight your opinions much more heavily than your subordinate's. As the supervisor in this situation you should have a better grasp of things, and it is perfectly proper for you to bring him around to your point of view. In the final analysis you are responsible for the list. The criticism is on your neck, if your list is not good. Discourage the use of chance, like coin tossing, in any doubtful cases. In the final analysis it is a situation of authority-obedience. You have the authority and your subordinate should obey.

(I-j-9)

Supervisor ______________

Subordinate ______________

3RD TASK LIST

Power Spectrum

Instructions: Rank order the following items in terms of their importance as qualities of a good supervisor. Place a number 1 by the most important item, number 2 by the next most important item, and so on down to number 8 which represents the least important item.

_______ 1. Able to delegate authority to subordinates.

_______ 2. Knows what is going on in his department at all times.

_______ 3. Lets his subordinates know where they stand about job assignments.

_______ 4. Able to change his own conclusions when they prove to be wrong.

_______ 5. Capable of making fast decisions under time and other pressure.

_______ 6. Able to see the subordinate's point of view.

_______ 7. Able to give clear-cut instructions.

_______ 8. Able to do any job he asks a subordinate to do.

(I-j-10) POWER STYLE INSTRUCTIONS FOR SUPERVISORS

Power Weight 0/1

In this interaction your goal is to avoid active participation in the content of the discussion insofar as possible. You are, however, to see that the work is done efficiently. If the discussion gets off target, bring your subordinate back to the task. Avoid giving your opinions, beyond expressing agreement, when you feel it, as far as you can. You don't really care what order is produced, as long as your pair can establish an order or priority for the items. Your goal is to weight your subordinate's opinions much more heavily than your own.

(I-j-11)

THE POWER SPECTRUM *

Today we have investigated an important area of interpersonal relations--supervisor-subordinate relationships. We have presented "supervisors" and their "subordinates" with three different problems and gauged their feelings toward one another and toward the task on which they worked. We found that their reactions varied in the different situations and this did not happen by chance. We can tell you now that the supervisors were instructed to act in a particular way while working on each of the three problem-solving tasks. The way their behavior differed was a function of the way they utilized their power in the various situations.

Power is one of the most important factors operating at all levels of social relationships. The manner in which it is used can significantly affect the amount of satisfaction, responsibility, commitment, etc., experienced by people involved. Let's explore for a moment the concept of power in interpersonal relations.

Interpersonal power has been described by social scientists (1, 2) in the following general terms. The power of person A over person B is defined as equal to the maximum force which A can induce on B, minus the maximum resisting force which B can mobilize in the opposite direction. Thus, power is defined as a "force," or the relative "influence" one person has on the opinions, attitudes, or behavior of another. French and Raven (3) describe five bases of social power upon which individuals may build their influence. These five sources of power are outlined as follows:

a. Reward power--based on the perception by person B that person A has the ability to mediate rewards for him. The particular rewards involved may be a raise, a new job, a wanted promotion, membership in a select group, and so on. It should be noted that when reward power is utilized, person B becomes heavily dependent on person A. Thus, observability of A by B becomes an important initial mediator strongly influenced by B's ability to see him or have him in his immediate physical environment. As more and more rewards are actually received by B from A, the influence of observability markedly diminishes since the rewarded behavior changes as a function of the actual reward. However, referent power (which will be elaborated upon below) may also change as a function of increased attraction of A for B.

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*Contributed by Martha Williams, Ph.D., School of Social Work, University of Texas, Austin, Texas.

The Power Spectrum, continued

b. Coercive power--based on the perception by B that A has the ability to mediate punishments for him. The punishments could be in the form of job demotions, a jail sentence, ridicule in front of others, rejection from a group, and so forth. As with reward power, coercive power leads to a strong dependence based on observability. However, unlike reward power, coercive power does not eventually result in an independent system due to the fact of decreased attraction of A for B. In addition, unless A imposes restraining forces on B's mobility, B may simply decide to leave A's area of power as an alternative to receiving punishment.

c. Referent power--based on the identification B seeks with A. This identification is theoretically totally independent of any positive or negative mediations by A, being based solely on B's desire to be like A. This system may be either dependent or independent with the degree of dependence unaffected by observability. An example might be hero worship of a youngster for an elder or even the identification of a child with the same sexed parent.

d. Expert power--based on the perception and/or objective fact by B that A has a great array of knowledge within a given area. An important distinction to be made here is that if the facts are impersonally accepted by B regardless of his relationship with A, the informational influence denotes the situation. If, however, the credibility of A decides the issue, then it is a matter of expert power. As you have guessed by now, expert power produces more initial dependence than informational influence does. However, this dependence decreases with time. In both instances, observability is not a factor. Examples of expert power range from a lawyer's legal advice to a psychologist's therapeutic advice.

e. Legitimate power--based on the perception by B that A has a legitimate "right" to prescribe behavior for him. Usually these rights are prescribed by cultural values, acceptance of social structure, or designation by a legitimizing power which B accepts. In any event, legitimate power's base derives from internalized standards, norms, or beliefs by B regarding that power, thereby permitting A to exercise that power. Although there is an initial dependence of B on A which in time can lead to independence, the degree of dependence is not related to observability. This, of course, follows from the fact that the base of A's legitimate power over B stems from some internalized code or standard of B. The "divine right" of kings philosophy is a good example at the governmental level. This kind of power was used in today's exercise. In the diagram of the power spectrum below we see these points on the continuum labeled.

The Power Spectrum, continued

Power Spectrum

1/0 .5/.5 0/1

The supervisors were instructed to behave toward their subordinates as they would if they possessed each of the three power values outlined on the continuum (one at a time). In one case the supervisor was instructed to assume all of the power and thus leave his subordinate with none. This was the 1/0 or "Authority-Obedience" situation. In a second case the supervisor shared power equally with his subordinate. This was the .5/.5 of "Joint-Determination" situation. In the third case the supervisor abdicated all power, thus forcing the subordinate to assume total power. The distribution of power, therefore, was 0/1. This we will term the "Laissez-Faire" situation. Each of these power styles can be encountered in daily life. Those in authority in military organizations tend to use a 1/0 power style (particularly in combat). Some business executives, policemen, and even parents may tend to rely primarily on the 1/0 style to accomplish their task. At other times these same individuals may utilize the .5/.5 power style or even the 0/1 style. What is important here is not which style is "best"--for each is of value when used at appropriate times--but what effects each style has on the people involved, especially on a situation whose outcome affects each of them. Let's compare, then, your feelings under the various conditions.

The experiment (4) in social psychology upon which today's exercise was based yielded the following general results.

a. Laissez-Faire was not the same as Authority-Obedience in that there was less work and poorer work done. It was more characterized by "play" and the group members expressed preference for their Joint-Determination leader.

b. Joint-Determination can be efficient. The quantity of work done under the Authority-Obedience condition was somewhat greater, but only when the leader was in the room. When he left, work declined. Work motivation was stronger under Joint-Determination, for when the leader left the room the work continued at the same rate. Originality was greater in the Joint-Determination situation.

c. Authority-Obedience conditions can create much hostility and aggression, including aggression against scapegoats. It can also create passive submissiveness to authority. Aggression was 30 times more frequent in Authority-Obedience than in the Joint-Determination situation. The aggression was directed not so much at the leader, but at the other followers or at outsiders, no doubt because of a fear that direct aggression toward the leader would be punished.

d. Authority-Obedience can create discontent that does not appear on the surface. For example, high degrees of absenteeism or turnover may be indicants of discontent with 1/0 supervision. When asked, 19 of 20 individuals preferred their Joint-Determination over their Authority-Obedience leader.

e. There was more dependence and less individuality in the 1/0 situation. There was more "submissive" and "dependent" behavior. Conversation was less varied and more confined to the immediate situation. In the submission reaction to 1/0 there was a reduction in measures of individual differences. There was, in other words, a loss of individuality.

f. There was more group-mindedness and more friendliness in the Joint-Determination condition. Mutual praise and readiness to share were more frequent as were friendly remarks and general cooperation.

References

1. French, J.R.P., Jr. A formal theory of social power. In Cartwright and Zander (Eds.), Group dynamics, research and theory (2nd ed.), New York: Row, Peterson and Co., 1960, 527-533.

2. Cartwright, D. (Ed.) Studies in social power. Ann Arbor: Institute for Social Research, 1959.

3. French, J.R.P., Jr., & Raven, B. The bases of social power. In Cartwright & Zander (Eds.), Group dynamics, research and theory (2nd ed.), New York: Row, Peterson and Co., 1960, 607-623.

4. White, R., & Lippitt, R. Leader behavior and member reaction in three "social climates." In Cartwright and Zander (Eds.), Group dynamics, research and theory (2nd ed.). New York: Row, Peterson and Co., 1960, Chapter 28, 527-555.

APPENDIX I-k

DECISION-MAKING EXERCISE

WHAT HOSPITAL WORKERS WANT*

(see Pp. 60, 115)

APPENDIX I-k-1	WHAT DO YOU WANT MORE OF ON YOUR JOB (Instrument)
APPENDIX I-k-2	WHAT VA HOSPITAL WORKERS WANT MORE OF: Prediction Form (Instrument)
APPENDIX I-k-3	POST-MEETING QUESTIONNAIRE
APPENDIX I-k-4	SAMPLE POST-MEETING QUESTIONNAIRE DATA--TWO GROUPS (On Newsprint)
APPENDIX I-k-5	WHAT VA EMPLOYEES WANT: New Normative Data from 19 Hospitals (1975)
APPENDIX I-k-6	THEORY OUTLINE ON MOTIVATION: Assumptions About Human Nature (Theory)
APPENDIX I-k-7	MASLOW: HIERARCHY OF NEEDS (Theory)

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*Detailed instructions for the use of these appendices appear in Chapter Two, Wednesday morning schedule, 8:00 a.m. to noon.

(I-k-1)

WHAT DO YOU WANT MORE OF ON YOUR JOB?

Below is a list of various job conditions and needs that workers actively want more of, to a greater or lesser extent, on their job. Please rank these items in terms of how much you actively want more of each of them, at this time, on your present job. (For example, if you already have a satisfying amount of a particular item, you may rank it low in terms of "wanting more of it," even though it still remains "important" to you. On the other hand, you may be dissatisfied with the amount you're getting of a particular item; regardless of how generally "important" the item is to you, you may rank it high in terms of "wanting more of it.") Thus, give a rank of "1" to the item you want more of the most, a rank of "2" to the item you want more of second-most, and so on, down to "12" for the item you want more of the least.

There are no "right" or "wrong" answers; we want to know, as honestly as possible, your feelings about what you currently want more of on your job. Results will be kept confidential; please do not put your name on this form.

_______Good job security.

_______Giving and receiving help and consultation on work-related problems.

_______Involvement in making decisions about your own work, work goals and methods.

_______Doing interesting and useful work.

_______Good wages and salary.

_______Full recognition and appreciation of work you've done.

_______Being treated as a person with feelings and needs.

_______Good, fair and tactful supervisory relations.

_______Your own promotion and growth in the company or organization.

_______Good fringe benefits (hospitalization, retirement, etc.)

_______Good physical plant and working conditions.

_______Friendly and helpful relations with fellow workers.

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(I-k-2)

WHAT VA HOSPITAL WORKERS WANT MORE OF

Prediction Form

How good are you at predicting the relative degree to which hospital workers want more of various job conditions and needs? Below is a list of items that were ranked from "1" (want more of the most) to "12" (want more of the least) by a large sample of non-supervisory employees in 19 VA Hospitals. Predict "what hospital workers want" by ranking these items the way you think the average employee ranked them, in terms of what they wanted more of on their job.

________ Good job security.

________ Giving and receiving help and consultation on work-related problems.

________ Involvement in making decisions about your own work, work goals and methods.

________ Doing interesting and useful work.

________ Good wages and salary.

________ Full recognition and appreciation of work you've done.

________ Being treated as a person with feelings and needs.

________ Good, fair and tactful supervisory relations.

________ Your own promotion and growth in the company or organization.

________ Good fringe benefits (hospitalization, retirement, etc.).

________ Good physical plant and working conditions.

________ Friendly and helpful relations with fellow workers.

(I-k-3) GROUP: ______________________

POST-MEETING QUESTIONNAIRE

1. How much influence did you feel you had on the decision-making?

Very little 1 2 3 4 5 6 7 Very much

2. How often did you feel your group members really listened to you in the meeting?

Very little 1 2 3 4 5 6 7 Very often

3. How much cooperation and collaboration did you feel took place?

Very little 1 2 3 4 5 6 7 Very much

4. To what extent were members open and leveling with each other about their thoughts, feelings, and attitudes?

None 1 2 3 4 5 6 7 Great deal

5. I am committed (check scale) to the decisions we made:

Strongly uncommitted 1 2 3 4 5 6 7 Strongly committed

6. I feel (check appropriate point on scale) about the way our group worked on this assignment:

Highly dissatisfied 1 2 3 4 5 6 7 Highly satisfied

7. Select one word describing the climate of your group: ______________

(I-k-4) SAMPLE TABULATION OF POSTMEETING QUESTIONNAIRE DATA--TWO GROUPS

GROUP: A								GROUP: B						
WORD RATINGS								WORD RATINGS						
Low 1	2	3	4	5	6	High 7	WORD	Low 1	2	3	4	5	6	High 7
I	I	II		III	III		Influence				I	III	IIII	II
	II	III		III	II		Listened to			I	II	I	IIII	II
I		II	卌		II		Cooperation				I	III	卌	I
II	III	II		I	I	I	Open					IIII	卌	I
III	II		I		II	II	Committed					II	卌	III
	II	II	I	III	I	I	Satisfaction					I	卌 I	III

Climate Words:

Yuk	Angry
Anger	Ignored
Frustration	--
Good job	
Struggle	
Competition	
Conflict	

Climate Words

Accomplishment	Good
Satisfying	Satisfied
Good work	Well done
Contented	Happy
Satisfied	
Cooperation	

(I-k-5)

WHAT VA EMPLOYEES WANT

New Normative Data from 19 Hospitals
1975

Supervisors (n = 90)		Non-supervisors (n = 143)	
Rank	Item	Rank	Item
	WANT MORE OF		
1	Full recognition/appreciation of work done	1	Full recognition/appreciation of work done
2	Involvement in making work decisions	2	Promotion/growth in organization
3	Giving and receiving help/consultation on work	3	Involvement in making work decisions
4	Good supervisory relations	4	Good wages/salary
5	Treated as a person with feelings/needs	5	Treated as a person with feelings/needs
6	Doing interesting and useful work	6	Doing interesting and useful work
7	Promotion/growth in organization	7	Good supervisory relations
8	Friendly/helpful relations with fellow workers	8	Giving/receiving help/consultation on work
9	Good wages/salary	9	Friendly/helpful relations with fellow workers
10	Physical plant and working conditions	10	Job security
11	Fringe benefits	11	Fringe benefits
12	Job security	12	Physical plant and working conditions
	IMPORTANT TO YOU		
1	Doing interesting and useful work	1	Doing interesting and useful work
2	Involvement in making work decisions	2	Good wages/salary
3	Good wages/salary	3	Job security
4	Good supervisory relations	4	Good supervisory relations
5	Treated as a person with feelings/needs	5	Treated as a person with feelings/needs
6	Job security	6	Involvement in making work decisions
7	Full recognition/appreciation of work done	7	Friendly/helpful relations with fellow workers
8	Friendly/helpful relations with fellow workers	8	Promotion/growth in organization
9	Giving/receiving help/consultation on work	9	Full recognition/appreciation of work done
10	Promotion/growth in organization	10	Giving/receiving help/consultation on work
11	Fringe benefits	11	Fringe benefits
12	Physical plant and working conditions	12	Physical plant and working conditions

(I-k-6)

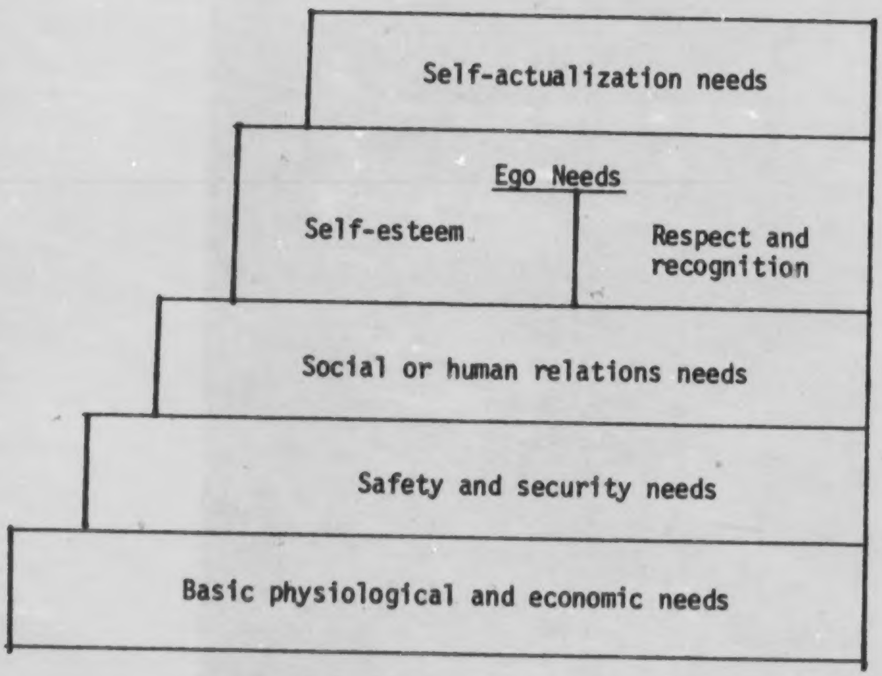
THEORY OUTLINE ON MOTIVATION

Assumptions About Human Nature

1. Man is a wanting animal with a variety of needs in a continuous state of emerging and submerging, being satisfied or not satisfied.
2. People satisfy needs which are important to them.
3. A satisfied need is not a motivator of behavior.
4. People differ in the amount of satisfaction needed for any particular motive.
5. Behavior is "overdetermined"; the same behavior is usually satisfying multiple needs.
6. A given need can usually be satisfied by a large number of behaviors.
7. Needs can compete with one another creating conflicts of choice or decisions to act.
8. Needs are organized in a hierarchy or series of levels.

(I-k-7)

MASLOW'S NEED HIERARCHY



Self-actualization needs	Develop self to fullest extent of talents and power
Ego Needs Self-esteem Respect and recognition	Mastery, achievement, prestige, to do something useful, feelings of personal worth, to exercise influence
Social or human relations needs	To belong, to be liked, associated with others, to have affection for others
Safety and security needs	Emotional, financial, free from danger, threat, etc.
Basic physiological and economic needs	Hunger, thirst, air, shelter, sex, rest

APPENDIX I-1

TWO ADDITIONAL DESIGNS FOR GROUP-ON-GROUP INTERVENTIONS

(Diagnose-Design-Intervene-Evaluate)

(see P. 63)

(I-1)

RISK LEVELS IN GROUP-ON-GROUP INTERVENTIONS

Introduction

The group intervention design used in the basic Training-of-Trainers Workshop, Chapter Two, Wednesday afternoon schedule, 1:00 to 4:00 p.m., and the two designs described in this appendix represent three levels of risk-taking or exposure. In Design #1 (Chapter Two) the diagnosis and intervention designing are conducted entirely within the confines of the group. The group's internal processes are not exposed to another group's analysis.

In Design #2 (this appendix) the diagnosis of the group's functioning and the issue they want help with is still processed and decided upon within the group. The group (client group) is observed by two members from another group (consultant group), however, and the intervention is designed by the consultant group. In this design the client group decides for themselves the issue they want the consultant group to intervene upon. On the one hand the client group's internal processes are exposed to the consultant group's observers, and the nature of the intended intervention is not known to the client. On the other hand, the consultant group runs the risk of designing an intervention which may not be seen as relevant by the client group. That is, the intervention may fail.

Design #3 (this appendix) represents the greatest degree of risk-taking by both consultant and client group. The client group is observed, diagnosed and intervened upon by the consultant group. The entire process is in the hands of the consultant group. The risk for the consultant group is greatest here since not only may their intervention fail, but their diagnosis of the group may be incorrect or not accepted by the client group. For the client group, they are completely at the mercy of the consultant group since they have had no input in their own diagnosis, the issue on which they want help, or the intervention itself.

It is important to note, however, that an intervention which fails is really not a loss for either group. The potential for learning is frequently greater than when an intervention is successful. A successful intervention leaves both groups "fat and happy" with little inclination to process the event. The unsuccessful intervention generates energy, (i.e., tension, a lack of closure) which can be productively reduced through processing. The problem, however, is to get both groups to work through the defensiveness that an ineffective intervention generates. Once this is accomplished, more productive learning can take place.

PLANNING AND IMPLEMENTING AN INTERVENTION
(Diagnosis-Designing-Intervening-Evaluation)

Design #2 (Time: 9 hours)

3 Hours

10" Introduction to exercise

5" Each group select two process observers to observe and take notes on the other group while they are doing a self-diagnosis Pairs of T-groups are assigned to work with one another for the module.

45" Each group (minus the two missing members) diagnose the major issues upon which their own group is working. List two or three issues on newsprint and select one on which you would like the other group to design an intervention.

10" Each group select two representatives to present the list and the issue around which your group would like an intervention.

15" The process observers return to their own group, with the representatives from the other group, to observe the issue presentation to their own group.

15" Coffee Break

10" Introduction to planning an intervention

Use of resources
a. Everyone has some resources--need to identify them
b. Process observers (different from other two) to observe their own group designing
c. Every one in the consultant group should have some task.

70" Plan a 15-minute intervention for the other group based on their self-diagnosis (issue they presented) and the observations of your process observers

a. Designate person(s) to implement intervention and describe rationale for the intervention.
b. Designate process observers to observe different effects of intervention (e.g., change effects before and after intervention, how it was implemented, how it was received, etc.)

c. Plan for material, duplication of scales, etc. What you need to do or get between now and next meeting.

2¼ Hours

30" Process time -- process and discuss how group worked on designing an intervention. Use feedback from process observers.

15" Group A(C) intervenes on Group B(D)

20" Group B(D) continues T-grouping after intervention while Group A(C) observes effects of intervention. Take notes.

50" Process time and preparation of feedback

1. Group A(C): Prepare description of perceived effects.
2. Group B(D): Prepare description of experienced effects.
3. Both Groups: Prepare description of intervention and rationale.

15" Coffee Break

3 3/4 Hours

15" Group B(D) intervenes on Group A(C)

20" Group A(C) continues T-grouping after intervention while Group B(D) observes effects on intervention. Take notes.

50" Process time and preparation of feedback

1. Group B(D): Prepare description of perceived effects.
2. Group A(C): Prepare description of experienced effects.

40" General Session: Share reports (feedback) across groups

20" 1. a) Group A(C) describes intervention and rationale and reports perceived effects of its own intervention on Group B(D).
b) Group B(D) responds with the effects they experienced from Group A(C)'s intervention.

20" 2. a) Group B(D) describes intervention and rationale and reports perceived effects of its own intervention on Group A(C).
b) Group A(C) responds with effects they experienced from Group B(D) intervention.

35" D-Group

60" General Session (all groups)

Theory presentation

Consultation Process:
Action research (App. I-m)

PLANNING AND IMPLEMENTING AN INTERVENTION

Design #3 (Time: 13½ hours)

1½ Hours

Introduction to exercise

30" D-Group

D-Groups were assigned topics which were considered relevant to the TIGER projects. Another topic could be a self-diagnosis in which they listed the issues they saw their group working on. These issues could then be ranked in order of importance later when being observed by another group.

Topic: Group A(C): What are the major staff/patient relationship problems in VA Hospitals.

Group B(D): What were the major obstacles I encountered in implementing the TIGER program.

Task:
1. Construct a list (not more than seven) of problems through group agreement. Do not list items peculiar to one individual (but do not lose that data).
2. Put items on newsprint and letter sequentially.

15" Preparation for Group Observation

1. Split the four D-Groups. The two halves of each D-Group meet separately with a trainer. That is, four half-D-Groups meet with one trainer and the other halves meet with another trainer.
2. Present decision-making procedures to one group (half D-Groups), and task and maintenance functions to the other group.

   Present procedure for doing an interaction chart to both groups.

   Instruct both groups not to limit the observations to the material presented.

3. Assign pairs (consultant/client) across groups: Group A with B, and Group C with D. Each partner negotiates for the kind of feedback he/she wants when being observed by the other.

30" Pairing: Consultant/client pairs meet to negotiate mutual feedback.

2½ Hours

Group Observations

5" After introducing task and topic, paired group (A&B; C&D) meet in different rooms for the observations.

Task for observing group: To observe and diagnose group effectiveness on decision-making and task and maintenance functions.

Topic for working group: Rank list of items from most important to least important, individually and then as a group. Try for consensus.

30" Group A(C) observes Group B(D) working on task.

15" Groups A & C share observations within own group (move to other side of room).

Groups B & D process self on handling of topic.

30" Group B(D) observes Group A(C) working on task.

15" Group B & D share observations within own group (move to other side of room).

Groups A & C process self on handling of topic.

15" Coffee

40" Pairing: Consultant/client pairs meet again

1. Observers give feedback to each other on their group behavior as per agreement between them. Norms for giving feedback are reiterated.
2. Observer interviews his/her partner to get more information on how the other group operates, their dynamics, his/her role, their problems, etc., to help in diagnosis of other group. Take notes.

3. Reverse interview process.

4 ½ Hours

90" D-Groups

D-Groups meet again to construct picture of other group from data collected from group observations and paired interviews. Trainers can introduce Force Field Analysis model (Appendix I-c-2) at some appropriate time during the meeting to help group with the diagnosis.

180" D-Groups

Task: Plan 20-minute intervention for other group based on group diagnosis.

3 Hours

10" Instructions for interventions: Includes a general run-through of the schedule for the remainder of the day. The paired groups (A & B; C & D) will meet in separate rooms again.

20" Group A(C) intervenes on Group B(D) - may allow client group to talk for 5" before intervening.

20" Group B(D) continues D-grouping while Group A(C) observes the effect of intervention (no special topic assigned).

10" Coffee Break

20" Group B(D) intervenes on Group A(C) - may allow client group to talk for 5" before intervening.

20" Group A(C) continues D-grouping while Group B(D) observes the effect of intervention (no special topic assigned).

20" Pairing: Consultant/client pairs meet again to check effect of feedback on partner and whether or not he used it.

60" D-Groups

Task: 1. Process intervention on D-Groups

2. Prepare report

   a. Describe intervention and rationale

b. Describe effect of own intervention on other group (perceived effect)

c. Describe effect of other group's intervention on own group (experienced effect)

2 ½ Hours

60" Paired D-Groups meet to share reports and critique exercise.

Order of presentation:

- Group B(D) presents a & b above
- Group A(C) presents c above in response

- Group A(C) presents a & b above
- Group B(D) presents c above in response

15" Coffee Break

60" General Session (all groups)

Theory presentation:

Consultation Process: Action Research Model (Appendix I-m)

APPENDIX I-m

CONSULTATION PROCESS: ACTION RESEARCH MODEL

(Theory)

(see P. 66)

(I-m)

CONSULTATION PROCESS*

Action Research

1. Initial contact

   a. Felt need by client, may be vague or clear

   b. Intervention begins at first contact--every act on part of the consultant is an intervention

      (1) Client may get different perspective on problem

      (2) Client's attitude facilitates consultation if it is open, authentic, and curious

   c. Exploratory meeting

      (1) Who should be there

      (2) Determine more precisely what problem is

      (3) Can consultant be helpful? Is problem of interest to consultant?

      (4) Formulate action steps

   d. Contract

      (1) Formal

         Time, services, fees

      (2) Psychological

         (a) Client's expectations

            Open, hidden, realistic, unrealistic, may function as traps, disappointments

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*Summarized from Schein, E. G. Process Consultation: Its Role in Organization Development. Reading, Massachusetts: Addison-Wesley Publishing Company, 1969 (Chapters 9-13), with some additions and modifications by Philip G. Hanson, Ph.D.

    - (b) Consultant's expectations

      Is client willing to explore and diagnose, to support, to commit himself

  - (3) Who is the client?
  - (4) Building a working relationship with client

2. Diagnosis and data gathering

   Data to be gathered must be relevant to issues as defined by client and consultant and congruent to consultant's values. How to organize data to protect individual and insure confidentiality. Need to decide what can be shared or used for feedback.

   a. Direct observation

      Natural settings--initial meeting with clients

   b. Individual or group interviews

      Both provide data for observation and vice versa

   c. Questionnaires or other survey instruments

      Impersonal, large numbers, implications need to be understood

3. Intervention

   a. Agenda setting

      Make group sensitive to own internal processes and generate interest to analyze these processes. Needs to be seen as legitimate activity. Requires a climate of trust.

      (1) Process analysis periods

         (a) Stop action during or wait until end of meeting

         (b) Locate dissatisfactions among members, e.g., decision-making procedures, hidden agendas, goals unclear

(c) As interest increases, time desired for processing increases and may lead to (2)

(2) Meetings set up specifically for interpersonal and group process

Unstructured sessions (e.g., T-group) and/or structured sessions (e.g., exercises)

(3) Theory input on process to provide conceptual handles

Lecturettes, memos, reprints, references

b. Feedback sessions

To individuals and/or group based on data from interviews and/or observations

(1) Need to have consensus on legitimacy of feedback

(2) Needs to be relevant to work-related behavior

(3) Need to assess readiness to hear feedback

(4) Need to provide guidelines for giving feedback

c. Coaching or counseling

To individuals (How can I change my behavior to achieve better results?) or to groups (How can we make our meetings more interesting and productive?)

(1) Make sure he (they) understands feedback in terms of observable behaviors

(2) Make sure he (they) has begun to try to solve problem for himself

(3) Help client improve ability to observe and process data about himself, to learn from feedback and to solve his own problems

d. Structural suggestions

Group membership, communication or interaction patterns, allocation of work, assignment of responsibility and lines of authority

(1) Not usual areas for interventions by consultant

(2) Consultant can help assess consequences of changes or enhance generation of solutions

(3) In workshop setting, consultant can manipulate structure of environment or groups (e.g., seating arrangements, creating or dividing groups, etc.)

4. Evaluation

a. Data collection

Depending upon purpose of evaluation, data can be collected before, during and immediately after intervention or program

(1) Individual or group reports

Structured or open-ended interviews, oral or written reports

(2) Observations--look for changes in operations as a result of intervention

Pre-post observations using rating scales, check lists

(3) Response to intervention through instruments

(a) Ingroup ratings on group functioning or group behavior, e.g., decision-making, task/maintenance functions, atmosphere, participation patterns, etc.

(b) Self- and peer-ratings on individual performance, e.g., Group Member Evaluations, sociometrics, leadership styles, etc.

(c) Standardized tests--need to be relevant to goals of intervention

b. Follow-up

Immediate and long-term effects of intervention

5. Ongoing processes and values

Work is accomplished through people. Organizations are a network of human relationships. If these networks do not function effectively, performance suffers and tasks are not accomplished

a. Task vs. maintenance

Getting job done effectively vs. human concerns (interpersonal and group events)

b. Content of work and structure of organization vs. process by which work is done

(1) Content of decisions, interactions, communication vs. "personalities," feelings, how decisions are made, nature of interactions, etc.

(2) Redesigning structure is frequently seen as a panacea

c. Short-run output vs. long-run effectiveness

(1) Immediate results vs. slow process of building interpersonal effectiveness

(2) Latter leads to more effective task performance

(3) Management by crisis

d. Perpetual diagnosis vs. generalizations and principles

(1) Chronic state of change vs. stable (static) conditions

(2) Decisions need to be made in terms of process diagnosis rather than general principles which can become outdated

Consultant attempts to influence change in direction of more concern for human problems, more concern for process issues, more concern for the diagnostic process itself as a way of achieving organizational adaptability.

APPENDIX I-n

GIVING FEEDBACK: AN INTERPERSONAL SKILL*

(Theory)

(see Pp. 69, 120, 158)

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*Hanson, P. G. Giving feedback: An interpersonal skill. In J. W. Pfeiffer & J. E. Jones (Eds.), The 1975 annual handbook for group facilitators. La Jolla, Calif: University Associates, 1975, Pp. 147-154.

(I-n)

GIVING FEEDBACK: AN INTERPERSONAL SKILL*

The process of giving and asking for feedback is probably the most important dimension of laboratory education. It is through feedback that we implement the poet's words, "To see ourselves as others see us." The term was borrowed from engineering by Kurt Lewin, one of the founding fathers of laboratory education. For example, when a rocket is sent into space, it contains a mechanism which sends signals back to the earth. On the earth is a steering apparatus which receives these signals and will make adjustments if and when the rocket is off target, correcting its course back to the target again. If we consider the group as a steering mechanism which will send us signals when we are off target, in terms of the goals we set for ourselves, we can then use this information to put us back on course again. For instance, if one of my goals is to become more aware of myself and to learn how my behavior affects others, I can use information from the group to ascertain whether or not I am moving toward these goals. If I react to any criticisms of my behavior by getting angry, leaving the room, or acting defensively in other ways, I will not reach my goals. Group members may comment on my behavior by saying, "Phil, every time we give you feedback you do something that inhibits us from giving you further information. If you continue this kind of behavior, you will not reach your goals." If I respond to this information by adjusting my direction, thereby using the steering function of the group, I can get back on target again. Feedback, therefore, can be seen as a technique which helps people achieve their goals in a group. It can also be used to compare our perceptions of our own behavior with that of others.

More formally, then, giving feedback is a process through which you let other people know how their behavior is affecting you in terms of your perceptions and feelings. This information can be verbal or nonverbal. When asking for feedback, on the other hand, I am seeking information from others as to how my behavior is affecting them. Most of us engage in exchanging feedback in our daily lives without being aware of the fact that we are doing so. Part of the purpose of laboratory training is to raise this process to a greater level of awareness so that people can engage in it intentionally rather than unconsciously. In order to learn and develop the skill of giving feedback effectively, we need to be conscious of the process.

Figure 1 describes the process through which information is exchanged between person A and person B. You will note that person A has an

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*Contributed by Philip G. Hanson, Ph.D., Director, Human Interaction Training Laboratory, VA Hospital, Houston, Texas.

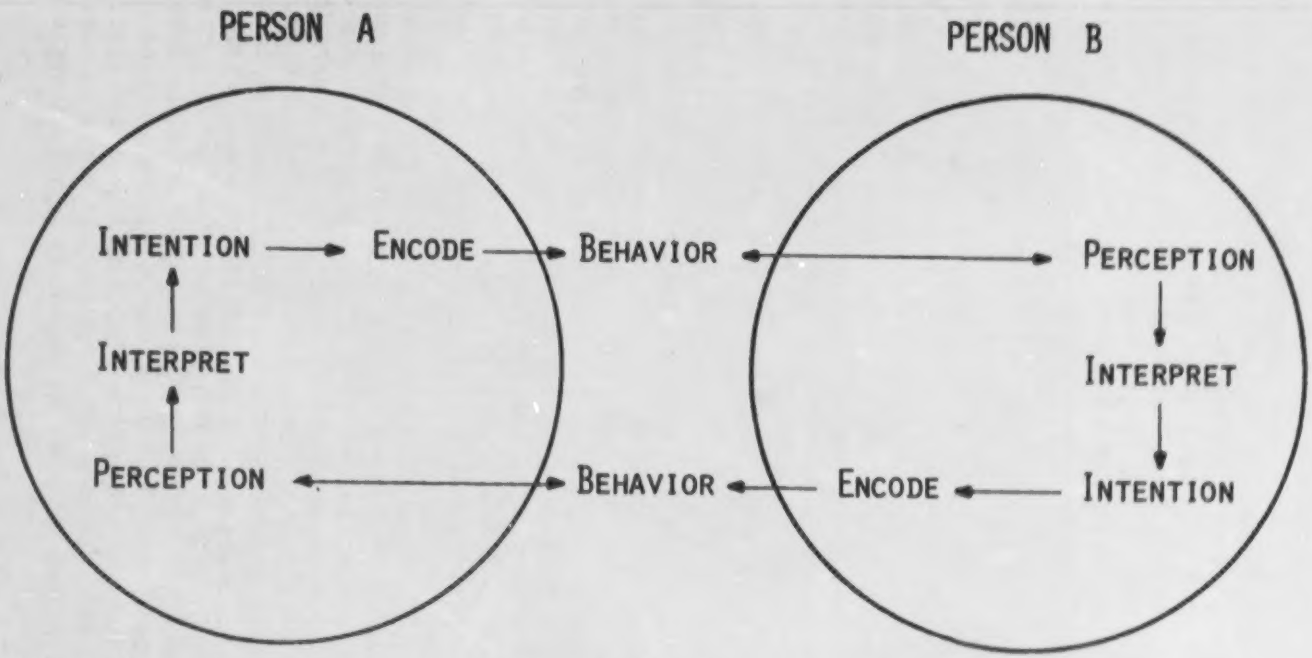
PERSON A
PERSON B
INTENTION
ENCODE
BEHAVIOR
PERCEPTION
INTERPRET
INTERPRET
PERCEPTION
BEHAVIOR
ENCODE
INTENTION

Fig. 1. Giving and Receiving Feedback: A Circular Communication Process.

intention to act in relation to person B who sees only person A's behavior. Between the intention and the behavior is an encoding process by which person A attempts to make his behavior congruent with his intentions. Person B perceives person A's behavior, interprets it, and intends to respond. Person B's intention also goes through an encoding process before it is converted into behavior. Person A perceives person B's behavior and interprets it for himself. If person A's encoding process is effective, then person B will perceive person A's behavior as Person A intended it. However, if the encoding process is ineffective, then person B may respond to the behavior in a way that will confuse person A or cause him to misunderstand person B's response. The feedback process can help person A to discover whether or not his behavior is congruent with his intentions. In any event, it is the behavior that we are focusing upon when giving or asking for feedback and not the intentions. The intentions are private to the individual and can only be "guessed at" through that person's behavior, unless he explicates them. One of the most confusing aspects of communication is the tendency for people to give feedback on what they think the other person intended, rather than in response to the behavior. Communication is further confused by the fact that many people are prone to respond to behavior that is negatively perceived as if the sender intended it so. That is, they will not accept the fact that the sender may not have intended to communicate a negative message.

In many interpersonal transactions where feedback is being exchanged, the question frequently arises concerning how much responsibility or ownership should the giver or receiver assume for the response on the one hand, and the response-producing behavior on the other. That is, if I behave in such a way with another person so as to evoke a negative response (feedback), how much ownership should I assume and how much is the response the "other person's problem." Some people are all too willing to assume more than their share of the responsibility for another person's responses, and others never own any part of the fact that any of their behavior evokes negative responses.

For example, consider an individual who is habitually late for group meetings and receives feedback concerning members' negative reactions to this behavior. He then points out to the group their lack of tolerance for individual differences, that they are limiting his freedom ("this is where he's at"), and that they seem to be investing in him too much responsibility for the effectiveness of the group. He states that he wants to be involved in the group, but does not understand why they need him to be on time.

This situation presents a dilemma to the group; on the one hand his observations are correct, but, on the other hand his behavior is provocative. One possibility for clarifying this value dilemma is to point out that while an individual "owns" only his own behavior, he is inevitably impacted upon by the reactions of others. To the extent that he cares about others, or about the relationship, he needs to take their responses into account, i.e., to assume partial ownership. In a sense, there is a continuum of ownership or responsibility between the giver and receiver of feedback for the consequences of one's behavior. The problem lies in reaching some mutual agreement as to where, along the continuum, your responsibility ends and the other's begins. Again, a critical dimension in the exchange of feedback is the concern you have for the other person's needs as well as your own.

Below are some guidelines that we can use which will minimize the person's defensiveness in receiving feedback and maximize his ability to use it for his own personal growth. Regardless of how accurate feedback may be, if a person cannot use the information because his defenses are up, then feedback is useless. The idea of feedback, in itself, is not of any value unless it can be given in such a way that the person receiving it can hear it in a more objective and less distorted way, understand it, and use it or not use it as he chooses. These dimensions are listed as if they were bipolar, with the first term describing the more effective ways of giving feedback. Let us suppose that I were sitting in a group and person A, intending to compliment me, says, "I wish I could be more selfish, like Phil." I might have some feelings about this statement and respond, "Why you insensitive ass, what do you mean by saying I'm selfish." In which case person A may get defensive and retaliate. The name of the game then is "who-can-hurt-who-the-most."

I might give person A feedback by stating my position in another way. That is, I could say, "When you said 'you wish you could be more selfish like me,' I felt angry and put down." The second way of giving feedback contains some elements that the first way does not.

Direct Expression of Feelings ↔ Indirect Expression of Feelings

When I stated that person A was an insensitive ass, I was expressing my feelings indirectly. You might guess from that statement that I was feeling angry or irritated but you could not be absolutely certain. On the other hand, I expressed my feelings directly when I said, "I felt angry and put down." I committed myself and there was no need to guess my feeling state. If I say, "I like you," I am expressing my feelings directly and run the risk of you rejecting them. But if I say, "You are a likable person," the risk is less. Indirect expression of feelings is a "safer" way to express them because of the ambiguity. You might guess that I like you, but I can always deny it. If you reject me by saying, "I am happy to hear that, but I do not like you," I can always come back and say, "You are a likable person, but personally I do not like you." Indirect expression of feelings always leaves the person a back door from which to exit in case he gets into trouble.

"You are driving too fast." That is an indirect expression of feelings. "I am anxious because you are driving too fast." This is a direct expression of feelings. Sometimes we start statements with "I feel," and end up stating a perception or an opinion. For example, "I feel that you are angry." This is an indirect expression of feeling and does not state what it is I am feeling. It is an impression or perception. If I say, "I feel anxious because you look angry," I am expressing my feelings directly and also stating a perception. People frequently state opinions and expressions by starting with, "I feel," and make the assumption that they are expressing their feelings when they are not.

Description of Behavior (Observation of Behavior) ↔ Attributing Motives to Behavior (Interpreting Behavior)

Looking again at the original example in which I said to person A, "When you said 'I would like to be more selfish, like Phil,' I felt angry and put down." I was describing the behavior to which I was reacting. I was not attributing any motive to his behavior such as, "You are hostile," or "You do not like me." When you attribute a motive to a person's behavior or interpret his behavior, you are going behind that behavior and guessing at his intention. Since the intention is in person A's head and is available only to him, I would be on rather shaky ground if I interpreted his behavior. In addition, my interpretations are probably arising from some theory of personality that I hold and which may not be shared by person A. For example, if person A were shifting around in his chair, shuffling his feet, and I said, "You are anxious," I would be interpreting his behavior. My theory of personality states that when a person is shifting around in his chair and shuffling his feet, he is manifesting anxiety. I am also interjecting a theory between me and the receiver which may create distance or act as a barrier to understanding. If I were to just describe his behavior, person A might then interpret his own behavior for himself by saying, "I need to go to the bathroom." In any event, interpreting one's behavior or ascribing some motives to it tends to put that person on the defensive and his energies are then spent in either explaining his behavior or defending himself. It deprives him of the opportunity to interpret or make sense of his own behavior and, at the same time, creates dependency upon the interpreter. The feedback, regardless of how insightful it is, cannot be used.

Nonevaluative ↔ Evaluative

In giving effective feedback to person A, I did not evaluate him by calling him names such as "an insensitive ass." Looking back at Fig. 1 you will notice that I have said it is the behavior to which we respond when giving feedback and not the personal worth of the person. When I tell someone they are stupid or insensitive, it is extremely difficult to respond to that kind of feedback objectively. I may do many stupid things or behave, at times, in an insensitive way, but that does not mean that I am a stupid or insensitive person. Evaluating a person puts you in the role of a judge, and them in the role of being judged. In addition, you are imposing a frame of reference or set of values that you have which may not be applicable to, or shared by, other people. That is, you are making the assumption that you know what is a good person and what is a bad person, what is right and what is wrong, and if the other person doesn't exemplify your values you will be unhappy with him.

It is extremely difficult to respond to evaluative feedback because it usually taps our feelings of worthwhileness and self-esteem. These are core concepts which cannot be changed readily by feedback, nor are they easily interpretable in terms of actual behavior. For example, what behaviors are manifestations of low self-esteem? How can a person who has been given the feedback that he is stupid change that behavior? Again, it is the person's observable behavior that is being responded to when giving feedback, and not his self-esteem.

Specific ↔ General

When I responded to person A using the second alternative, I was describing a specific unit of behavior. If I had said, "Person A is hostile," I would be giving feedback in general terms. Person A may not know to which behavior I was reacting. The term "hostile" does not specify what it is that is evoking a response in me. Even if person A wanted to change he would not know what behavior to change. But when I am specific, person A then knows what behavior I am responding to and what behavior to change or modify, if he chooses. Feedback expressed in general terms such as, "You are a warm person," does not allow the person to know what it is he is doing that is perceived as warm. If he wants to expand or build on this behavior, he is unable to do so until he knows which behavior evoked the response, "warm."

Freedom of Choice to Change ↔ Pressure to Change

When I told person A that I felt angry and put down by his statement, I did not tell him he had to change. If I or the feedback were important to person A, he would probably change on his own account; if these were not important to him, he may decide not to change. In any event, he has the freedom to use my feedback in any way that is meaningful to him without the implication that he has to change. When you tell a person to change you are assuming that you know the correct standards for behavior of what is right and wrong, good and bad, and that they need to adopt your standards for their own good (or to save you the trouble of changing). Imposing your standards on another person and expecting them to conform only arouses resistance and resentment. You are playing a one-up role. One of the major problems that arises in marriages is when one spouse tells the other spouse that they have to change their behaviors and attitudes more in line with one's own expectations and demands. These pressures to change the other person can be very direct or very subtle, creating a competitive win/lose relationship.

Sometimes feedback is given which reflects the perceiver's disappointment that the receiver did not come up to his expectations and hopes. For example, a group leader's disappointment that a member did not actualize his potential impact on the group, or a professor's disappointment in a bright student's lack of achievement. This situation represents a dilemma. On the one hand, an important part of the giver's feedback is his own feelings, whether they be disappointment or satisfaction. Withholding these feelings (and/or perceptions) may give the receiver false impressions of where the giver is really at. On the other hand, depending upon the status of the giver and the relationship between the two, the receiver may experience this feedback as personal failure or incentive to change.

Frequently, you hear the complaint that a group member persists in a behavior that others find irritating, in spite of the feedback he receives. Group members will cry, "What are we supposed to do? He won't change!" The most you can probably do is to continue to confront the member in question with your feelings. While he may have the freedom not to change, he will have to accept the consequences of his decision, i.e., other people are going to continue to be irritated by his behavior and probably punitive toward him. He "can't have his cake and eat it, too." He cannot reasonably expect other group members to feel positive toward him and accept the behavior they find repulsive.

The only person you can change is you. As a by-product of your change, however, other people may change in relationship to you. That is, as you change, people cannot keep reacting to you in the same way, they have to make some adjustment, on their own, to your change. In any event, pressure to change may only produce surface conformity, but may also produce underlying resentment and anger.

Timing: Immediate ↔ Delayed

Whenever possible, feedback has more effect when given immediately after the event rather than at some later time. In the example described previously, if I had waited until the next day to give feedback, person A may have responded with, "I don't remember saying that," or if I asked the other group members they may have responded with some vague recollection. The reason for this is that the event was not significant to them, but it was to me. When feedback is given immediately after the event, it is fresh in everyone's mind. It is almost like catching the person in the act with a mirror. His actions are being reflected back to him through your feedback. Other group members can also contribute their observations on the here-and-now interaction. In many situations, however, we have a tendency to delay our feedback because of a number of reasons such as fear of losing control of our own feelings, fear of hurting the other person's feelings, or fear of exposing ourselves to other people's criticisms. It is the here-and-now transactions of group life that can be most threatening, but also most exciting and growth producing.

One exception to the guideline of immediate reaction is the planned feedback sessions, set up periodically, to keep communication channels open. Staff in work units or departments may have weekly feedback meetings, or a specific time may be set aside for structured or unstructured feedback sessions in one- or two-week workshops. In these scheduled sessions, participants may cover events occurring since the last session or work with material that is generated during the present meeting. For full effectiveness and commitment, however, the decision to have these feedback sessions should be reached through a consensus of the people participating in them.

Group Shared ↔ External to Group

When feedback is given immediately after the event, it is usually group-shared so that other members can look at the interaction as it is occurring in the here-and-now. For example, if group members reacted to person A's statement ("I wish I could be more selfish, like Phil") by saying, "If I were in your shoes, Phil, I wouldn't have felt put down," or "It didn't come across to me as a put down," then I would have to look at my behavior and its appropriateness. If, on the other hand, group members supported my feelings and perceptions, then I could look at what person A was really trying to communicate to me.

Events that occur outside the group (there-and-then) may be privy to only one or two group members and, as a consequence, cannot be reacted to or discussed very meaningfully by other participants. In addition, other group members may tend to feel left out when these there-and-then discussions occur. For example, when a group member is discussing an argument he had with his wife, the most help group members can provide is to try to predict, from his behavior in the group, what went on in that interaction and share these "guesses" with him. In describing the event, the group member's perception is influenced by his own bias and emotional involvement. Group members may be getting a distorted picture of what happened but cannot discriminate between fact and fiction. If the argument occurred in the group, however, group members could be most helpful since they were present and shared the event. If the involved group member began describing his perceptions of what happened, other group members could then comment on or share their perceptions of the interaction. In other words, events that occur within the group can be processed by all group members who witnessed the interaction and can share their perceptions and feelings about what occurred. This is not to say that group members cannot get some value out of describing events external to the group and getting comments from other group members. What happens frequently, however, is that the group member describes these events in a way that tends to elicit support or confirmation of his own perceptions rather than objective evaluation. On the other hand, relating here-and-now to there-and-then events can often be extremely productive as back-home "bridges," or when some members have had long and/or intense relationships with one another. It is important, at these times, to recognize the necessity and difficulty in bringing other members "on board."

Shared perceptions of what happens in the here-and-now is one of the primary values of a group. "Group-shared" also implies that each member ideally has to participate. Quite frequently a person gets feedback from one member in the group and makes the assumption that this is how the rest of the group feels. This is not always a correct assumption. Feedback from one person only may represent a very private or distorted picture because he may perceive the event quite differently from other group members. When I get everybody's reaction, however, I have a much better picture of how my behavior came across. If everybody is consistent in how they see me and this disagrees with the way I see myself, then I need to look more closely at the validity of my self-perceptions. Quite frequently you will find that people see your behavior differently, which can also be useful information in itself. Part of each group member's responsibility is to ask feedback from members who are not responding to you so you will know how everyone sees your behavior. You may have to be somewhat aggressive and persistent in seeking this information. When you have all the data you are in a better position to make a more effective decision as to how you want to use the feedback.

Solicited ↔ Imposed

In most instances where there is an exchange of feedback, it is usually imposed. That is, people will give feedback whether or not it is asked for, or whether or not the person is ready for it. In addition, people's need to give feedback may be much greater than the person's need to hear it. This is particularly true when the giver is upset about something concerning the potential recipient. In many situations imposing feedback is legitimate, particularly when there is a norm for giving as well as asking for feedback, or to induce a norm of spontaneity. In any event, feedback is usually more helpful when the person asks for it. Asking for feedback may indicate that the asker is ready to hear it and wants to know how other people perceive his behavior.

In asking for feedback, however, it is important to follow some of the same guidelines as in giving feedback. That is, being specific about what it is you want feedback on. Beware of the individual who says to the group, "I would like the group to tell me what they think about me." This person may get a lot more feedback than he bargained for. In addition, the request is too general and may leave the group members at a loss as to where to begin or what behaviors are relevant to the request. In these cases, other group members can help the asker by asking such questions as, "Can you be more specific?" "What is it that you want feedback on?" Feedback is a two-way street, both people can help each other in asking for and in giving it. Sometimes it is important to give feedback on how a person is giving feedback. If a receiver is upset, hurt, or angry, other group members can say, "Look at the way you told him that, I would be angry too." "What other way could you have given him the same information without evaluating him or putting him down?" How can you give feedback in such a way that allows the receiver to save face?

Many of us have a need to know how our behavior is being perceived by other people, but fear the consequences of asking for such information. Needless to say, the extent to which a person will ask for feedback from another person is related to the amount of trust in that relationship. On the other side, one of the fears people have in giving feedback, particularly negative feedback, is that the receiver will use this information to reinforce his own negative feelings about himself. Again, it is extremely difficult to separate one's behavior from one's feelings of self-worth.

Controllable Behavior ↔ Hard to Control Behavior

To be effective, feedback should be aimed at behavior which is relatively easy to change. Many of our behaviors are habitual and have long been ingrained into our personalities. Many of these behaviors can be described more as a personal style, and have developed through years of behaving and responding in certain ways. Feedback on this kind of behavior can be often frustrating because it is very difficult to change. There are also behaviors that are determined or overdetermined by underlying dynamics. Feedback on behaviors that are difficult to change may often make the person more self-conscious and create anxieties around this behavior. For example, if I were a chain smoker and my wife was giving me feedback using all of the appropriate guidelines about my smoking behavior, it would be very difficult for me to change this behavior. Chain smoking may indicate that the behavior is determined by motivating factors which are difficult to reach. I may smoke to reduce my own tension level. Continuous feedback on my smoking behavior may increase my tension level. As a consequence, I smoke more to bring it back down. Sometimes in giving feedback we have to make a judgment as to whether or not the behavior represents a person's life style or is a consequence of some undetermined personality factors, and, therefore, would be extremely difficult to change, as opposed to behaviors that can be readily changed through some conscious effort on the part of the receiver. Sometimes it may be helpful to check out with the person whether or not he sees the particular behavior as being amenable to change. There are, however, many behaviors that can be easily changed through the process of feedback and a desire on the part of the person to change that behavior in order to produce a more effective interpersonal style.

Motivation to Help ↔ Motivation to Hurt

We make an assumption in these groups that our primary motivation is to help ourselves and others to grow. When we are angry, however, our motivation, at that point in time, may be to hurt the other person. In situations of conflict we frequently get locked into "win/lose" strategies in which the goal of the interaction is to put down the other person. When one is angry, however, it is very difficult to consider the needs of the other person as being as important as our own. Feedback, motivated by anger and a desire to hurt the other person may be useless, even when the information is potentially helpful, because the receiver, through his defensiveness, may need to reject the feedback in order to save face.

There are several ways we can handle our anger. One is to attack the other person, either verbally or physically, until the name of the game becomes "who-can-hurt-who-the-most." Another way of handling anger is to bottle it up and to say nothing. One consequence of this strategy is to build up a head of steam to the point where the person may lose control of his behavior. A third way is to talk about your feelings of anger without laying them on the other person. Focusing on your own feelings may frequently encourage other group members to help you. In this way the anger dissipates without the attendant consequences characteristic of the other two ways of dealing with anger. Anger, or conflict in itself, are not "bad" things. Angry feelings are as legitimate as any other feelings. Conflict can be a very growth producing phenomenon. It is the way we handle conflict or angry feelings that can have negative consequences. Only through the surfacing and resolution of conflicts can people develop competence and confidence in dealing with these kinds of feelings and situations for their own growth. Part of the learning in these kinds of groups is to express our anger or to resolve conflicts in ways that are constructive and can lead to more courageous and problem-solving behavior.

Guidelines for Receiving Feedback

In order to maximize the usefulness of the feedback to the receiver, the following guidelines have been found effective:

1. Upon receiving the feedback, make certain you understand it. Test out your understanding with the giver. Ask for clarification and amplification. Check out the feedback with other group members to see if they have the same or different perceptions.

2. Upon receiving the feedback do not try to defend against it: by explaining your behavior; by giving reasons or causes of your behavior; or by immediately rejecting the feedback as invalid. Remember, the feedback represents another person's experience or reality of you. Their reality is neither right nor wrong; other group members also have their reality of you. You cannot understand their reality of you if you defend against it.

3. After you have checked for understanding and gotten more than one person's reality of you, think about your own behavior and how the feedback relates to it. If this feedback "fits" you then there are some decisions to make as to whether and how you want to change or not change the behavior. If the feedback doesn't "fit," you may either reject it or keep your options open or tentative. That is, you may want to keep alert to the behaviors referred to in the feedback, to see if they occur in the future.

4. Rejecting feedback immediately, or defending against it, tends to shut off the possibility of adequately understanding other people's perception of you, and exploring or examining these perceptions in relation to your behavior without evaluating their experience of you as right or wrong, good or bad.

5. In the final analysis, the attitude of the receiver is critical in how the feedback is used. If the receiver experiences the feedback as a threat to his sense of personal worthwhileness or adequacy as a human being, the potential benefit of the information will be lost. That is, the receiver may perceive the feedback as confirming his negative self-image and may go beyond (or misinterpret) what was actually said to increase this negative impact. If the receiver, on the other hand, is able to keep his personal value of himself separate from the behaviors about which he is receiving feedback, this information then has greater potential for personal growth.

Summary

The process of giving feedback would obviously bog down if one were to try to consider all of the above guidelines. Some are more frequently called for than others; i.e., that feedback be descriptive, nonevaluative, specific, and embody freedom of choice. These guidelines can also be used as a diagnostic instrument. For example, when the person receiving feedback reacts defensively (other conditions being met), chances are that some of the guidelines have been violated. Group members can then ask the receiver how he heard the feedback, and help the giver assess how he gave it.

In summary, giving feedback effectively may be dependent upon one's set of values and basic philosophy about himself, his relationship to others, and about people in general. Caring, trusting, acceptance, openness, and a concern for the needs of others to grow appear to be the key ingredients in this philosophy. The extent to which feedback is seen as evaluative, judgmental, or not helpful will be related to the degree to which these ingredients are present in the personal philosophy of the giver.

GIVING FEEDBACK: CHECK LIST

Philip G. Hanson

Below are rating scales describing some guidelines in giving feedback (see "Giving Feedback: An Interpersonal Skill"). Take a few minutes to think about your own feedback style in your present group. To what extent do you use or not use the guidelines suggested? Go through the items below one by one and draw a circle around the number on each scale that best characterizes your feedback style. If possible, try to think of concrete examples for each item that have occurred in the group.

1.	Direct expression of feeling. "Owning" your own feelings by describing your emotional state, e.g., "I like you very much." "I feel anxious when you drive this fast."	1	2	3	4	5	Indirect expression of feeling (or may be a perception). May convey feelings but do not describe your own emotional state, e.g., "You are a very likeable person." "You're driving too fast." "I feel you are angry."
2.	Descriptive. Observing and describing the behavior to which you are reacting--objective, e.g., "You are frowning and your hands are clenched in a fist."	1	2	3	4	5	Attributive (or interpretation). Going behind the behavior and ascribing some motive to it or calling the behavior a trait or personality characteristic, e.g., "You are angry with me." "You're hostile."
3.	Nonevaluative. Commenting on behavior without judging its moral worth or imposing some value on it, e.g., "Your anger is as legitimate a feeling as any other." "When the group began to pressure me I felt anxious and alone."	1	2	3	4	5	Evaluative. Passing judgment on another person--imposing "standards" in terms of approval/disapproval, right/wrong, good/bad, e.g., "You shouldn't behave that way." "It is not nice to be angry."
4.	Being specific. Pointing out the specific unit of behavior to which you are reacting, e.g., "When you frowned, I felt anxious."	1	2	3	4	5	Being general. Making broad statements rather than alluding to the specific behaviors which evoked your reaction, e.g., "You're pretty touchy today." "I feel warm when you are considerate."

5. Freedom of choice to change. Allowing others to decide for themselves whether or not they want to change their behavior, or to make their own interpretations of their own behavior, e.g.. "When you called me 'sonny' I felt put down." "This is the third time you've interrupted me. I'm feeling very irritated." "When you give me that kind of feedback, I find it very helpful."	1	2	3	4	5	Pressure to change. Statements containing "shoulds" or "oughts" imply people not behaving according to your standards--indirect pressure to change behavior, e.g., "Don't call me 'sonny'!" "You shouldn't feel that way about him." "You ought to give more of that kind of feedback. It is very helpful."
6. Timing--immediate. Responding immediately after the event--very little delay between behavior and feedback, e.g., "Ouch! That hurts!" "I feel very close to you people right now."	1	2	3	4	5	Timing--delayed. Postponing or withholding feedback or reaction to other's behavior until some later time, hour, day, week, etc., e.g., "I was really hurt yesterday when you ignored me."
7. Group shared. Focusing attention on events that occur in the group--here and now transactions, e.g., "Do I come across as being very supportive in this group?"	1	2	3	4	5	External to group. Focusing attention on events outside the group--there and then transactions, e.g., "I come across very supportive to my friends."

When you have completed the seven items share your ratings with the group. Solicit feedback from group members as to how they see your feedback style on these items compared to how you rated yourself. Be sure to get reactions and examples from as many group members as you can. Listen carefully, ask for clarification if you are not clear. Do not try to explain or defend your position, but be certain you understand the feedback before moving on. You may want to ask group members to indicate where on each item they would have rated you. In this way you can keep a tally of their ratings along side of your self-ratings. On the basis of your own ratings and the feedback you received from other group members, check those items on which you want to work and on which you want continuing feedback from the group. Giving feedback effectively is a skill that can be developed through your interactions with other group members and your openness to being influenced by them. It should be stressed again, however, that a critical dimension in developing feedback skills is your own attitude toward yourself and others in terms of being nonjudgmental and more accepting.

APPENDIX I-o-1

DIMENSIONS OF MANAGERIAL BEHAVIOR

(Administration and Scoring)

(see P. 71)

APPENDIX I-o-2

STYLES OF MANAGERIAL BEHAVIOR

(Theory)

(see Pp. 71, 121)

(I-o-1)

DIMENSIONS OF MANAGERIAL BEHAVIOR*

Administration and Scoring

1. Administration

a. Self-Ratings

(1) Write your own name on the DOMB form in the space labeled "Person *being* rated (name)" and complete the "date" blank.

(2) For "Person *doing* rating is ______," check which ever space is appropriate.

(3) Read these instructions completely before proceeding to face page of the DOMB. There are 72 items covering 12 dimensions of leadership. Read each item carefully and place an "0," "1," or "2" in the space provided by the item depending upon the following conditions:

"0" If the item is not characteristic of your managerial/supervisory or group behavior. That is, the behavior, as you perceive it, is not present or very rarely occurs in your work or group situation. "Not present" does not mean that the behavior is not a part of the individual's repertoire; it means that the behavior has not been observed.

"1" If the item is *somewhat* characteristic of your managerial/supervisory or group behavior. That is, the behavior, as you perceive it, is present or has been observed a *little less than* (30%) to a *little more than half* (65%) the time in your work or group situation.

"2" If the item is very characteristic of your managerial/supervisory or group behavior. That is, the behavior, as you perceive it, is present at least 65% to 70% of the time in your work or group situation.

It must be emphasized that these behaviors refer to your work-related or group leadership style as it is reflected in your day-to-day interactions with subordinates or group members. Social events, personal relationships outside of

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the work or group situations are not to be used as a basis for the ratings.

(4) Read the instructions on the face page and proceed with the ratings until all items (72) have either an "0," "1," or "2" in front of them. DO NOT LEAVE ANY BLANKS.

b. Rating Others

When used in a team, group, or work setting where every member rates every other member use the answer sheets (see Appendix I-f-1 for Answer Sheet) to rate other group members. Rate yourself first on the DOMB form and use the form as a guide for rating the 72 items on the answer sheets.

(1) Take the number of answer sheets equivalent to the number of other group or team members. This number will equal the number of team members minus one (i.e., yourself). For example, if there are seven team members, including you, you will need six answer sheets.

(2) Write the names of the other group members at the top of the answer sheets in the space labeled "Person being rated is ________," and your own name in the space "Person doing the rating is _______." Be sure each answer sheet has the name of the person being rated and your name. Fill in the space for "Date_____."

(3) Place the first answer sheet you select along side the DOMB form and note that the numbered items (1 through 72) on the form correspond to the numbered blanks on the answer sheet. Proceed with the instructions on the face page of the DOMB form and as outlined in instruction #3 above. Remember, you are now rating other work, team or group members. Complete the entire answer sheet before going on to the next member. Be certain that every space has an "0," "1," or "2" in it. DO NOT LEAVE ANY BLANKS.

(4) When you have completed all the answer sheets representing your work, team, or group members, bring them with you to the feedback session.

2. Scoring Instructions

a. When rating self and others use the answer sheets to rate team or group members. Have every team or group member pass out his or her answer sheets, representing his or her feedback, to the appropriate recipients.

b. When every group member has received the answer sheets representing his or her feedback from the other group members, pass out the sheet labeled "Data Feedback Sheet #1" (DFS #1). See Appendix I-f-1 for DFS #1.

c. Place the DFS #1 along side your own ratings on the DOMB form. You will note that for every numbered item on the DOMB there is a corresponding number on the DFS #1. Transfer your ratings from the DOMB to the appropriately matched numbered space on the DFS #1. Circle your self-ratings on the DFS #1. Disregard the letters at this point.

d. Place the first answer sheet (other team or group members' ratings of you) along side the DFS #1. Again note that the numbers on each sheet correspond to each other. Transfer the ratings from the answer sheet to the appropriately matched numbered spaces on the DFS #1. Repeat the procedure with each answer sheet until you have completed transferring all the ratings from all the answer sheets to the DFS #1. Disregard letters at this point. The spaces in the boxes on the DFS #1 should now be filled with "0's," "1's," and "2's."

e. Look at the letters on the DFS #1. You will note that they repeat themselves in every box (dimension) but in a different order. Locate the "A's" in all 12 boxes and add the ratings that are assigned to that letter, excluding your self-rating (circled). Place this sum at the bottom (TOTALS) in the space following the letter "A." Repeat this procedure with the "B's," "C's," "D's," "E's," and F's." Now sum your self-ratings (circled) for each letter and include these totals (still circled) at the bottom along side the appropriate letter.

f. Place the sheet labeled "Data Feedback Sheet #2" (DFS #2) along side the DFS #1. You will note that the lettering in the top rectangle in the upper half is ordered with a style of leadership assigned to each letter. Transfer your totals from the bottom of DFS #1 to the appropriate letter in the top rectangle of the DFS #2. Transfer your circled self-ratings to the margin of the appropriate letter in the top half of the DFS #2. You can now see how your ratings reflect the different leadership styles. (See Appendix I-f-1 for DFS #2.)

g. Transfer the totals to the rectangle in the lower half of the DFS #2 to the spaces under "Score" in the order of their magnitude, i.e., highest total first (1st choice), second highest total second (2nd choice), etc. Write under "style" the style which corresponds to the total under "score." You can now see which style tends to be the most characteristic of you (as perceived by other group members), which style is second most characteristic, down to the styles which group members perceive as least characteristic of you. Note the size of the difference between the first and second choice or between other choices. These differences or lack of differences may reflect the degree of clarity of one style over the other or the extent to which the styles blend with one another. You can also compare your perception of your own leadership style (circled numbers) with others' perceptions. (See Appendix I-o-2 for interpretation of styles and what your scores mean.)

(I-o-2)

STYLES OF MANAGERIAL BEHAVIOR*

Leadership styles of administrators, managers and supervisors and their impact on organizational effectiveness in terms of productivity and employee morale have long been a major concern of organizations. The results of studies on leadership in organizations are not clear cut; some indicate that certain managerial styles are associated with both high productivity and morale while other studies suggest that situational factors or particular kinds of conditions dictate what will be effective or ineffective leadership. What determines effective leadership is not always associated with whether or not the manager is well liked by his or her subordinates, but what are the consequences of his or her leadership style on employee productivity and job satisfaction. That is, how does the manager or supervisor facilitate the achievement of organizational goals through the efforts of his or her employees.

Rather than try to decide which leadership style is a "good" one, the manager may spend his time more profitably with his employees assessing what their mutual goals are and what kind of leadership might best accomplish these goals. For example, if a manager or supervisor wants employees to take more responsibility and initiative, he or she may then explore what leadership behaviors would best foster the accomplishment of these goals. The other side of the leadership coin is to look at what behaviors would foster dependency and passivity on the part of employees.

Dimensions of leadership behavior include skills in listening and communicating, goal setting, problem solving and decision making, interpersonal influence, task orientation and relationship with others in the organization, orientation toward conflict, motivating others and willingness to change and developing one's potential. Managers and supervisors, then, are quite understandably concerned about developing leadership styles that will best contribute to the job effectiveness of the organizational units for which they are responsible.

A major related question that people in leadership roles ask themselves is "How much concern should they have about getting the job done as opposed to how much concern they should have for the other people doing the job for or with them?" These two leadership issues--concern for task or work accomplishment and concern for the morale and need satisfaction of other people--are both components of overall leadership effectiveness. They are organizational analogs of the task and group building or maintenance functions that have been found to be necessary and interacting components of effective leadership in groups or teams. The degree to which these two concerns, for task and for people, are present may vary within individual leaders or shift from time to time depending upon both the pressures in the situation and the people involved. The extent to which either of these concerns are operating in a manager or supervisor tend to be reflected in his or her style of leadership. Managers demonstrate these concerns in their own leadership style in ways which can be identified by themselves and others. For example, employees can predict with considerable accuracy how their "boss" is going to behave in certain situations, how he or she will respond to some of the things they do or don't do, and consequently what kinds of problems are "safe" to share or not share. One's leadership style tends to be rather consistent over time, but may shift somewhat as situations vary, e.g., in a crisis. Given all of this, it is extremely important that the manager or supervisor have some awareness of his or her own style of leadership and how it impacts on the other people in the organization.

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*Contributed by Philip G. Hanson, Ph.D., VA Hospital, Houston, Texas, and Richard L. Brown-Burke, Ph.D., formerly with the VA Hospital, Houston, Texas, and now with the University of Houston.

Leadership style can also be thought of as *style of influence*. In every interaction between people there is an influence process. What determines the direction and degree of influence depends upon a number of factors, including the relative position of authority, his or her expertise on the subject or task, the relationship of the individuals involved, how open people are to being influenced, and how the individual goes about exerting influence. *What* a person has to offer in terms of his or her own resources may be potentially very useful to individuals. *How* that person offers his or her resources, however, may open another individual to being influenced (listening and understanding) or may "turn off" that individual from being influenced (not listening and not understanding). People in leadership positions must, consequently, ask themselves "How do I go about exerting influence?" and "How open am I to *being* influenced by other people?" The answers to these questions may be reflected in the extent to which the manager emphasizes one concern as opposed to another, i.e., "task" and "people." Over a period of time, as people work together in teams or groups, the extent to which they are concerned with the task upon which the group or team is working versus the extent to which they are concerned with the people involved in the task will become evident to others and to themselves. That is, their leadership style reflecting these concerns will emerge during the many interactions that they have had over time. When they look back over these activities they might begin to ask themselves the questions: "How did I exert influence in making decisions?" "How did I go about helping the group develop its goals?" "What was my style in giving feedback and in handling conflict when it occurred?" "How did I go about trying to communicate to other people in the group?"

The Dimensions of Managerial Behavior (DOMB) questionnaire, utilized with self-ratings by managers or supervisors and feedback from other colleagues and co-workers in the organization, provides useful data about these concerns involving leadership effectiveness. In order to better understand what different leadership styles look like, six leadership styles reflecting, in varying degrees, the two major concerns of task and people, will be described as they are utilized in the DOMB. The format used for this conceptualization is based both on the managerial grid developed by Robert Blake and Jane Mouton*and on the managerial styles discussed by Richard Wallen, as developed and integrated by the present authors. This format can be applied to many kinds of interactions in addition to managerial behavior and supervisor-subordinate relationships. The format can be used to examine any situation or relationship in which one's own needs are interfacing with another person's, group's, or institutional needs, e.g., parent-child relationships, teacher-pupil relationships, husband-wife relationships, and personal needs versus organizational needs.

The matrix consists of nine squares with the vertical axis representing low, moderate, and high concern for the task, and the horizontal axis representing low, moderate, and high concern for people (see Figure 1 on following page). Combining these two axes, we can represent different styles of leadership as they reflect varying degrees of concerns for either task or people. These six positions on leadership styles should be looked at as focal points which flow into the surrounding areas. They are not to be considered as pure forms encapsulated by the squares. Leadership styles which emerge from this format will be described in rather extreme forms to give conceptual clarity to each style represented.

Autocratic Tough Battler (HL)

This leadership style represents a high concern for the task and a low concern for people. Leaders operating from this position are much more concerned with getting the job done in their way than for the morale of the other people involved. They see other employees, and especially subordinates, primarily as a means of achieving this end. Their underlying assumption is that people are lazy and selfish, see work as basically unpleasant, and must be coerced either by rewards or threats into doing it. This position is basically a Theory X, "carrot and stick" leadership style.

Leadership. The philosophy behind this style is that leadership is a function of position, status, and title, or ability to reward and punish. The assumption here is that the leader has most of the resources, a better grasp of the situation, and understands the organization best. By virtue of his or her leadership position, therefore, his or her influence is highest. "The leader should lead, others should follow" is the orientation expressed.

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*Blake, R. R., & Mouton, J. S. The Managerial Grid. Houston: Gulf Publishing Co., 1964.

DIMENSIONS OF MANAGERIAL GROUP/BEHAVIOR

Concern for Task

H	AUTOCRATIC (HL) Leadership: a function of position Decisions: self-authorized or "by the book." Feedback: evaluative Communication: one-way Conflict: suppressed Goals: imposed Controls: external--reward & punishment	LOGICAL THINKER (HM) Leadership: influence by expertise. Decisions: data-based Feedback: objective--idea oriented, no feelings Communication: open, but monitored for rational information Conflict: resolution based on facts not feelings Goals: a highly rational process Controls: refer to impersonal authority	DEMOCRATIC-PARTICIPATIVE (HH) Leadership: a function of task Decisions: consensus Feedback: descriptive & behavior-based Communication: three-way Conflict: surfaced and examined Goals: emergent--team effort Controls: internal--set own norms for problem-solving climate
M		MOVING TARGET (MM) Leadership: management by crisis Decisions: majority support--vote Feedback: varies from HL to LH depending upon pressures Communication: inconsistent--in and out Conflict: fire fighting Goals: compromise between individual & organizational needs Controls: fluctuate	
L	LAISSEZ FAIRE (LL) Leadership: in absentia Decisions: turned over to others Feedback: withheld Communication: relay station--passes on Conflict: withdrawal Goals: line of least resistance Controls: previous guidelines		FRIENDLY HELPER-PEACEMAKER (LH) Leadership: abdicated in deference to others Decisions: handclasping Feedback: only when positive Communication: antennae especially tuned to others' needs Conflict: avoided or soothed over Goals: support personal over organizational needs Controls: reinforce norms which create "happy" climate
	L	M	H

Concern for People

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Decisions. The decision-making style of this kind of leader is self-authorized. That is, he or she makes the decisions and other people are expected to follow them. Many of these decisions may come as a surprise or seem arbitrary to subordinates because they have not been privy to the thinking and rationale that went behind the decisions. There is little or no tendency for shared decision-making or involvement of subordinates under this leadership style.

Goals. Since the leader feels he or she has most of the resources, the authority, and a better grasp of the situation, he or she knows which goals are most appropriate for subordinates to develop. Therefore, individual and work unit goals are imposed in a top-down fashion by the leader, who expects subordinates to accept and implement these goals. Little or no opportunity is provided for shared goal setting or the identification and development of emergent goals.

Feedback. Feedback under this leadership style tends to be evaluative and judgmental. When giving feedback to subordinates, the leader tells them what is right or wrong, good or bad. In appraising the performance of subordinates he or she may frequently rely on personality traits which are thought to interfere with the work situation. Many of these traits may be highly interpretive, e.g., lazy, stubborn, selfish, doesn't care about his job, rude, insecure, inferiority complex, etc. Since this type of feedback is not directly descriptive of work-related behaviors, it is not useful in making changes. In this style of leadership the leader does not solicit or receive feedback from subordinates. They are either afraid to give the leader feedback for fear of retaliation, or the leader may control the situation so that very little feedback comes back to him or her. A clear message is conveyed to others by the leader that the "fault" is with them and not with him or her. As a consequence, the Autocratic leader has very little awareness of his or her impact on others or how they feel about his or her style. If the leader receives no feedback providing him or her with some awareness of how he or she is affecting others, there is very little basis for modifying his or her behavior. Therefore, it is very difficult to identify what it is about his or her leadership style that is having a negative influence. Thus, the Autocratic leader may appear insensitive to others.

Conflict. When conflicts arise they are frequently suppressed without much consideration as to the feelings behind the conflict and how best to go about resolving them. Working through interpersonal conflicts takes time and energy away from the task. Feelings and emotions interfere with task accomplishment. On the other hand, the Autocratic leader often enjoys fighting in a punishing or insulting way, engaging in much win-lose behavior; hence, the "tough battler" image is one that is prized by this leader.

Communication. Communication is one way, primarily from the leader to others in a top-down direction. Channels of communication are also controlled by working in one-to-one relationships with subordinates. Little or no opportunity is provided for communication to occur in small groups or teams. As a consequence, work unit members may not know what the leader has told other members, and a climate of distrust may emerge. One consequence of this style is that information that is critical for decision-making by the leader may not get to him or her from subordinates or people further down the line, since channels upward are closed.

Logical Thinker (HM)

The Logical Thinker has high concern for the task but sees feelings as an irrational or dysfunctional process interfering with task. Rather, the underlying assumption is that task effectiveness is based on rationality, intelligence, data, and control. Since feelings emanate from the people dimension, this style can often move in a high task, low people direction. This position is not to imply, however, that the Logical Thinker is insensitive to or uncaring about, people's feelings. Feelings are just not seen as relevant to task achievement and are frequently characterized as disruptive to effective problem-solving. Influence, under this leadership style, is characterized by marshaling evidence or facts, utilization of human resources in terms of their expertise on the subject, and presenting these facts in a logical and rational way. Feelings and emotions are not considered facts but as a hindrance to rational thinking and scientific objectivity in the problem-solving and decision-making process. When this style is combined with caring about people and utilizing their team resources, it can often move in a high task, high people direction. The Logical Thinker leadership style is quite central to the image of the ideal organizational bureaucrat; it is also seen very prominently in research and development.

Leadership. Influence style or leadership is a function of expertise in the subject matter relevant to the issue, regardless of the feelings about it. This leader tends to influence by weight of ideas and cold logic, collecting and presenting persuasive data to support his or her point of view. The leader can also be influenced by other people's arguments, provided they are logical and are supported by facts.

Decisions. Decision-making is a logical process of collecting information, organizing it rationally, and moving in those directions which have the highest probability of being a correct decision. The level of chance is reduced as much as possible. Feelings and emotions are not considered appropriate evidence upon which decisions are made or influenced.

Goals. Goal setting, like decision-making, is a highly rational process geared to implementing the organization's objectives as efficiently as possible. Goals imposed from above are accepted as logical and impersonal directives and are seen as the rational requirements of the job.

Feedback. Feedback is based on objective job-related performance. Feedback involving interpersonal issues which are based on personal feelings and attitudes are not seen as legitimate areas for discussion. Employee performance appraisal is handled in an objective and impersonal manner, based on clear performance criteria.

Conflict. In dealing with or handling conflict, the Logical Thinker wants issues decided strictly on merit or objective facts, keeping feelings and personalities out. Personal feelings usually emerge out of some irrational or emotional process and tend to interfere with objectivity and logic. As a consequence, task achievement is less efficient when bogged down in emotions.

Communication. Communication channels are kept open but monitored in terms of the types of material being communicated. The kinds of information communicated usually involves the conveying of ideas and opinions related to problem-solving, rational decision-making, and objective assessment of on-the-job operations.

Friendly Helper (LH)

The Friendly Helper shows high concern for people and low concern for task. This style of leadership is one characterized by trying to keep people happy and relationships harmonious in an atmosphere that is warm, friendly, and often uncritically supportive. Individual needs are usually given precedence over organizational needs when the two are in conflict. One extreme form of the Friendly Helper style is the "Peacemaker", whose primary style of operating is to avoid conflict and to keep negative feelings and tensions from erupting. This leadership style is often seen in an extreme "human relations" orientation to management.

Leadership. The Friendly Helper frequently abdicates task leadership in deference to others. His or her style of influencing others is to be friendly and supportive; doing favors for other people to encourage mutual liking is frequently seen. In an extreme form, Friendly Helpers give their power to other people, encouraging them to assume leadership, e.g., "Why don't you handle this task, Jim, you do it better than me." "You're good at making these kinds of decisions. Why don't you take over."

Decisions. His or her decision-making style is usually characterized by "handclasping" or supporting other people's suggestions or decisions. The Friendly Helper tends to give excessive support to decisions that are made by other people, rather than exerting his or her own influence and pushing for what he or she wants. The Friendly Helper is reluctant to take a stand on issues for fear of exerting too much influence or inhibiting subordinates.

Goals. Goals are usually enthusiastically supported when they emerge from the group. When goals are passed down by superiors, the Friendly Helper is often apologetic and avoids taking direct responsibility for them. The Friendly Helper may sacrifice many of his or her own personal needs and ideas in order to support the goals of others. He or she is more attuned to the personal needs of others than to organizational needs.

Feedback. Feedback is given only when there is something positive to say and withheld when there is negative information to convey. Friendly Helpers tend to be uncomfortable with negative feedback, not wanting to hurt the other person or create discomfort for them. This leadership style avoids any real confrontation.

Conflict. When conflict erupts the Friendly Helper moves in quickly to pour oil on the troubled waters. His or her style is to soothe over conflicts or deny that they exist. For example, when strong negative feelings are expressed he or she may respond with "You don't really feel that way, do you?" "I just can't believe that you are that angry." In extreme forms, the whole orientation of the Friendly Helper or the "Peacemaker" is to avoid conflict at all costs. At a deeper level, this style of leadership operates out of personal needs to keep things running smoothly, in a happy atmosphere, because he or she doubts his or her own ability to tolerate or handle conflict.

Communication. Communication channels are open in both directions, and especially to what is being communicated to him or her, Friendly Helpers' antennae are sensitively tuned to the needs of others so that they can respond to these needs. Information is monitored, however, by filtering out negative or tension-producing material. Much "gatekeeping" or encouraging the participation of others is engaged in; the Friendly Helper may suppress his or her own ideas so as not to dominate others.

Moving Target (MM). This style of leadership is somewhat difficult to define, since the leader tends to fluctuate back and forth. When work pressures are high, the Moving Target will often move in the direction of autocratic leadership. When work pressures are low, the Moving Target may swing toward the Friendly Helper style in order to soothe over some of the feelings created during his or her autocratic phase.

Essentially, the Moving Target is a manager or supervisor who would prefer, ideally, to facilitate both high task attainment and high concern for people, but sees these goals in inevitable conflict and consequently impossible to achieve. He or she settles, consequently, for an uneasy and imcomplete compromise between them, characterized by a "safe" or moderate balance and/or by ambivalence and vacillation. In addition, the

Moving Target may represent that style of leadership which is in the process of becoming one of the other styles. That is, the style may represent a transitional attempt by the leader to try out different ways of operating until he or she settles on one style which proves to be most effective in the work situation.

Leadership. The style here can be characterized as management by crisis or management by moderation. Usually under this kind of leadership the leader's style may be somewhat amorphous until some crisis emerges which then crystalizes the leadership style, usually in an autocratic direction. When the crisis is over, however, the leadership style may shift in the direction of the Friendly Helper. Or, the leadership of the Moving Target may stress the need for "middle of the road" adjustments between productivity and morale.

Decisions. Decision-making is usually by a majority support or vote. This style of decision-making satisfies the majority of the people and gets the job done quickly. The leader settles for safe and reasonable compromises between task accomplishment and morale. Unfortunately, however, the minority who have been outvoted may not support the decisions made by the majority. Furthermore, in small groups, voting tends to cut off discussion by pushing the group to accept one of the decisions already available. In large groups, however, voting may sometimes be the only practical way to reach a decision. The leader should be aware of the fact, however, that the minority may either tend to drag their feet on implementing the decisions or, in extreme cases, sabotage them.

Goals. Goal setting is usually the result of some give-and-take compromise, working toward a safe and moderately successful balance between organizational goals and subordinates' needs. The objective here is to demonstrate some moderate concern for both the task and the people doing the task. The assumption behind this style, however, is that you cannot have high concern for both task and morale at the same time.

Feedback. Feedback frequently varies depending upon the situation, the people involved, and the pressures that the Moving Target feels being imposed upon him. When pressures are high, feedback may tend to be judgmental and evaluative. At this time the Moving Target is operating primarily out of his or her own needs to get the people moving on the job. When the pressures are low, the feedback may move in a more positive, supportive, and friendly direction. Moving Target leadership may tend to keep others off balance because it is less predictable than the other styles. The Moving Target, in evaluating his or her own style, often solicits feedback and then doesn't appear to change much as a consequence of it.

Conflict. Conflict is usually handled by fire-fighting. As conflict erupts in one place or another, the leader moves quickly to put it out. Expediency is the key to handling conflict. There is little or no tendency to go into the conflict, examine how it got started, and how it might be resolved so that it does not occur again. This type of problem-solving would take too much time away from the task. The compromise here is to pay some attention to both getting the job done and morale of the people involved in the conflict.

Communication. The communication of the Moving Target is characterized by inconsistency and double messages often depending upon the ebb and flow of work pressures. The inconsistency may represent the adoption of other styles of communication in response to the demands or lack of demands in the work situations. This leader sometimes seems to listen, with high involvement, and sometimes seems very much "out of it." He or she may fluctuate between encouraging participation of others and "taking over." This leadership style, shifting from time to time between supportive and "pushy," or very critical behavior, tends to keep others, particularly subordinates, in a state of uncertainty.

Laissez Faire (LL)

This style of leadership is characterized by an apparent lack of involvement or commitment to either the people involved in the task or the task itself. The Laissez Faire leader can be most frustrating to subordinates since it provides little or no framework within which to operate. It is difficult for subordinates to know where they stand or how much freedom they have to exercise influence and make decisions. The underlying attitude behind this style is often one of helplessness, resignation and not caring, a withdrawal in defeat from the organization and the people in it.

Leadership. Laissez Faire can be characterized as leadership in absentia or an absence of any real leadership. The Laissez Faire leader frequently turns over leadership to others abdicating rather than effectively delegating responsibility. There appears to be very little commitment on the leader's part and a reluctance to get involved with issues at hand.

Decisions. The Laissez Faire leadership style handles decisions by turning them over to his subordinates and then staying out of the decision-making process. Since the leader has not been involved in the process of making the decisions or exerting his or her influence, the final decision made by the subordinates may be one that cannot be implemented. As a consequence, any decisions made may be countermanded elsewhere in the organization, thereby frustrating subordinates in the work unit and creating even lower morale and stronger feelings of powerlessness.

Goals. When goals are being set this leader follows the line of least resistance. He or she will accept goals imposed upon the work unit without much personal involvement or exertion of his or her own influence. The leader frequently sees little possibility of achieving most goals in the organization. This style is sometimes a reaction to a suppressive and autocratic style of management elsewhere in the organization.

Feedback. The Laissez Faire leader neither seeks feedback nor does he or she give it. It is hard to know where this individual stands on issues and how he or she wants subordinates to function. It is equally difficult for others to know where they stand with him or her. Under these conditions subordinates do not get the information they need for their own personal development on the job or for doing the work more effectively. The consequences, typically, are uncertainty, disorganization, and, ultimately, widespread apathy.

Conflict. The typical response to conflict is to withdraw or leave it alone in the hope that it might go away. Where differences exist the leader will not take sides or commit himself or herself. In cases of strong conflict the leader may withdraw psychologically or even physically, preferring not to be involved in these kinds of situations, believing that improvement is not likely to occur.

Communication. The leader acts as a relay station; when communications come from above he or she passes them to those below without much personal involvement. In trying to communicate with others the Laissez Faire leader doesn't try sufficiently hard to get his or her own ideas across or to make sure that he or she is understood. In terms of receiving information the leader gives little indication that he or she is involved or hears what is said. Under these conditions of minimal cues, there is a tendency to either distort or misinterpret what it is the leader wants. As a consequence, subordinate frustration may be high and morale low.

Democratic or Participative Leadership (HH)

This kind of leadership espouses the philosophy that you can have high concern for people and high concern for task simultaneously. In most other theories of leadership, the assumption is that you cannot have high concerns for both of these dimensions. Thus, under the Autocratic style, people must be sacrificed, coerced, or punished in order to get the task accomplished, while under the Friendly Helper style the task and the organizational goals are sacrificed in order to keep people happy. The Moving Target implements an uneasy and ambivalent compromise, in which you give a little in one direction and take a little in the other direction, believing pessimistically that you cannot have high concerns for both people and task accomplishment at the same time. Under the Laissez Faire style of leadership, real concern for either task or people is not apparent. In contrast, an underlying assumption in the democratic style is that people will support what they help create. This means personal involvement, commitment, and ownership of what happens to them at work and in what directions they want to move. The assumption of the Democratic-Participative leader is that high task and high people concerns are both attainable through full involvement and commitment of all employees, as a team when appropriate. This leadership style is found in such participative management theories as McGregor's "Theory Y," Likert's "Systems Four," and Blake and Mouton's "Team Management."

Leadership. Leadership is seen as a function of both the task and the people involved. The leadership role of the participantive manager will involve both task and maintenance functions, encouragement of high involvement and team effectiveness, use of own ideas and resources, and interfacing between the work unit and other organizational units. It is important, therefore, for the leader and team members to identify the kinds of resources that they have in their team. When the team is working on Task A the influence of the individual whose resources are most appropriate to Task A will emerge. When the team is working on Task B the influence of the individual whose resources are most appropriate to Task B will rise while the influence of Task A's resource person may submerge. Thus, the informal leadership moves around the group depending upon who has the resources for whatever task is being worked. It is an organic type of leadership where task determines who is influential, rather than influence being a function of position. The job of the leader then is to identify the resources in the team and to maximize the availability of those resources appropriate to the particular task.

Decisions. The democratic leader strives for decisions through consensus. That is, he or she gets decisions made and implemented through getting people, including himself or herself, involved as a team. In the decision-making the leader actively exerts his or her own influence, but not in an autocratic way. As a consequence, when a decision has been reached it is one the leader can live with, even if it is not necessarily his or her first choice, since there has been full involvement in shaping the course of the decision-making process. In addition, the team and the leader make the decision as to when consensus is necessary and when other types of decision-making procedures are more appropriate. For example, in times of crisis or when team members are not available, it is sometimes necessary for the leader to make a self-authorized decision. He or she then takes the responsibility to explain to the team the rationale for this decision. It is also apparent that full consensus may not be the best way to make a decision on every issue. It is necessary, however, to get team members fully involved and committed on such issues as "how they are going to operate as a team." Further, when a decision is handed down, the team can implement it through a consensus process of their own. It is the process of consensus, however, that is important since it facilitates full participation from everyone. When consensus is not possible, that is, with everybody involved and full agreement in thought and feelings, the process of striving for consensus guarantees that those people who are not fully on board have gotten their point of view listened to and feel that they are understood. In these cases you may get "near consensus," in which the one or two disagreeing members feel that they have had an opportunity to express their point of view, feel understood, and are willing to support the majority of the members. This is quite different from majority support, or voting kinds of decisions, in which the minority feels that they have not been heard or understood.

Goals. Goal setting is arrived at through team effort, stressing integration of organizational requirements with individual commitment, involvement, and need satisfaction. Goals may also emerge as a consequence of team interaction. In goal setting the leader can provide the organizational perspective within which the goals can be set and implemented. Team goals, also, are set through a consensus process so that individual goals can be implemented through team effort.

Feedback. Feedback under this style of leadership is usually descriptively oriented, dealing both with relevant behavior observed and the feelings and reactions evoked by it. In order to be effective and useful, feedback needs to describe the behavior to which the giver is reacting, so that the receiver will know what it is he needs to examine. This type of feedback neither evaluates the person nor ascribes motives to the behavior; a decision to change or not change the behavior is left to the individual receiving the feedback. Giving and asking for feedback, in this style, is a two-way process.

Conflict. When conflict emerges in the team it is surfaced and examined. The democratic leader works with conflict openly and productively, and sees disagreements as a source of new data in achieving creative team solutions. Conflict is seen as a natural event in a group and not to be avoided. Conflict itself is not seen as bad, but the way groups deal with conflict can be destructive rather than growth producing. The democratic leader knows that conflict and conflict resolution can be a source of growth for team members individually and for the team as a whole.

Communication. Communication is three-way: up, down, and sideways. That is, under the democratic style of leadership communication channels are opened in all directions. Upward, from subordinates to superiors; downward, from superiors to subordinates; and sideways, to and from colleagues. In this way information flow is maximized and when decisions are made they are based on all of the data available. Keeping communication channels open minimizes misinterpretation, distortion, and distrust. When information is readily available, there is much less tendency to project one's own needs or to try to second-guess what is happening.

In some organizations where participative management exists the Democratic leader communicates and influences through a process of interfacing that Likert calls a "linking-pin" function. That is, the manager, embodying the principle of three-way communication, represents his or her work team and its decisions in a higher level management team. At the same time, he or she represents the higher level management team by providing perspective, relating organizational goals to the work of his or her own team. In addition, the leader is setting and facilitating a climate in the group which promotes active participation involvement and commitment of all team members including the leader.

OVERVIEW

People have leadership styles which are generally consistent with them throughout life. If this were not true, people would be inconsistent and unpredictable. Under certain conditions, however, leadership styles may (and sometimes should) shift to cope with the immediate situation. For example, when making most decisions a leader may strive for consensus, knowing that it will ensure the most productive and committed decisions. Under conditions of crisis, however, he or she may shift to a more autocratic style to cope with the situation. In some cases when the leader is too threatened by conflict he or she may switch to a Laissez Faire or Friendly Helper style. A particular manager's style of leadership may be autocratic when dealing with subordinates, but shift to a Friendly Helper or Peacemaker style when dealing with his superiors. Understanding one's leadership style and the conditions under which it tends to shift can be very useful to the manager or supervisor. It better enables the manager to understand his or her impact on other people and how this impact may differ under different conditions, as well as evaluating potential changes in one's leadership style or repertory.

The term "leadership" is somewhat confusing and may not be seen as appropriate to people who do not see themselves in a leadership role. The term leadership as used here, however, is better understood when we think of the influence process. Everyone has an influence or leadership style whether or not he or she is a leader by position; thus, leadership as discussed here can be viewed both in terms of formal or position leadership or shared emergent leadership by members of work teams. In the latter sense of the term, leadership becomes essentially synonymous with good membership; it refers to those behaviors which facilitate work unit or team effectiveness. Understanding one's style and how it impacts on others can be of value to anyone regardless of the position he or she holds in the organization, or in the team of which the individual is a part. Having this kind of insight or understanding enables the person to decide what aspects of leadership style he or she wants to modify and what aspects he or she wants to retain and build upon. Through a process of feedback a leader can keep in touch with how his or her style is coming across on a daily basis and to what extent it is enhancing or inhibiting subordinates' growth. Examination of leadership styles in an organization, moreover, may give clues to the norms operating in that culture that may facilitate or inhibit more effective functioning in that organization. Once these norms are identified, corrective actions can then be implemented. The study of leadership styles and organizational culture are the two critical dimensions of any organization development program.

APPENDIX I-p-1

THE JO-HARI WINDOW: A MODEL FOR SOLICITING AND GIVING FEEDBACK*

(Theory and Exercise)

(see Pp. 72, 122, 161)

APPENDIX I-p-2

JO-HARI: SELF-RATING WINDOW

(Instrument)

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*Hanson, P. G. The Jo-Hari window: A model for soliciting and giving feedback. In J. W. Pfeiffer & J. E. Jones (Eds.), The 1973 Annual Handbook for Group Facilitators. Iowa City, Iowa: University Associates, 1973, Pp. 114-119.

(I-p-1)

THE JO-HARI WINDOW: A MODEL FOR SOLICITING AND GIVING FEEDBACK*

The process of giving and receiving feedback is one of the most important concepts in laboratory training. It is through feedback that we implement the poet's words, "to see ourselves as others see us." It is also through feedback that other people know how we see them. Feedback is a verbal or nonverbal communication to a person or group providing them with information as to how their behavior is affecting you or the state of your here-and-now feelings and perceptions (giving feedback or self-disclosure). Feedback is also a reaction by others, usually in terms of their feelings and perceptions, as to how your behavior is affecting them (receiving feedback). The term was originally borrowed from electrical engineering by Kurt Lewin, one of the founding fathers of laboratory training. In the field of rocketry, for example, each rocket has a built-in apparatus which sends messages to a steering mechanism on the ground. When the rocket is off target, these messages come back to the steering mechanism which makes adjustments and puts the rocket back on target again. In laboratory training, the group acts as a steering or corrective mechanism for individual members who, through the process of feedback, can be kept on target in terms of their own learning goals.

Feedback itself is not of value unless the receiver can use it. In order to increase the receptiveness on the part of the person receiving the feedback and to maximize its usefulness, feedback needs to be nonevaluative, directed at specific behaviors, and given in such a way that allows the person the freedom of choice to change or not to change, or to use the feedback in any way that he finds most meaningful to himself.

The process of giving and receiving feedback can be illustrated through a model called the Jo-Hari Window. The window was originally developed by Joseph Luft and Harry Ingham, psychologist and psychiatrist, for their program in group process. The model was later modified by Jay Hall to represent an interpersonal process by which information is exchanged to enhance individual and team effectiveness and productivity. For the purposes of the present exercise, the model will be used to focus primarily on the feedback process and can be looked upon as a communication window through which you give and receive information about yourself and others (e.g., the group).

Looking at the four panes in terms of columns and rows, the two columns represent the self and the two rows represent the group. Column one contains "things that I know about myself"; column two contains "things that

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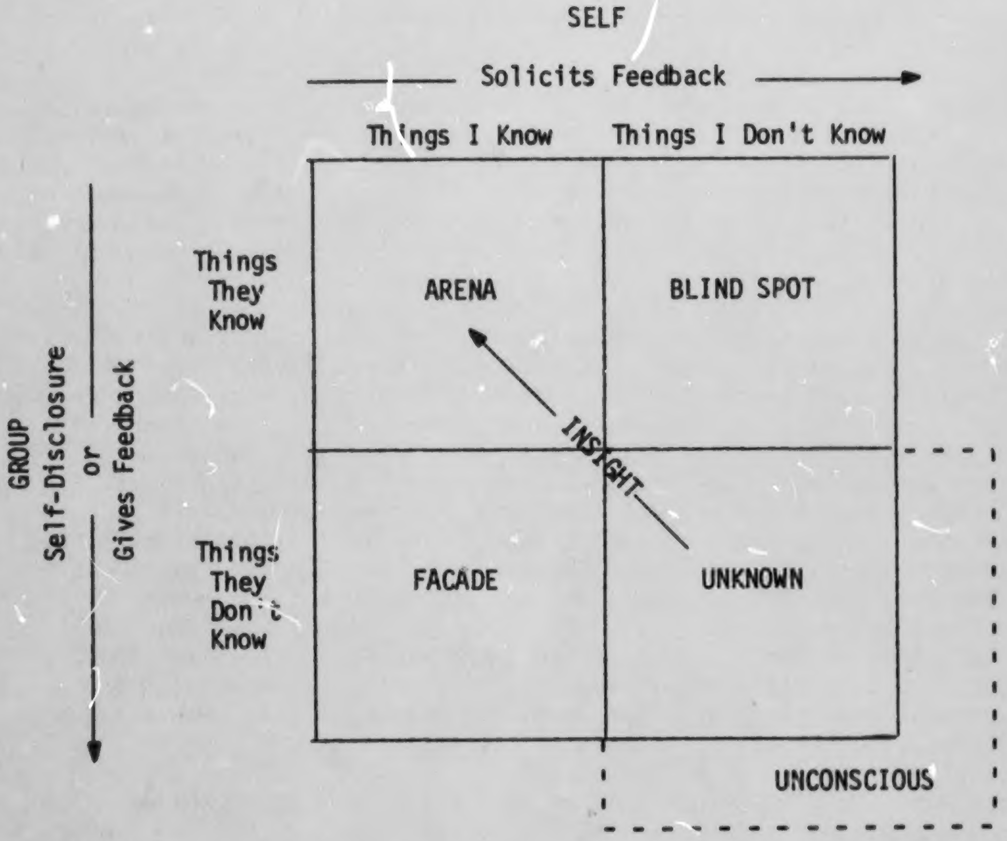
*Contributed by Philip G. Hanson, Ph.D., Director, Human Interaction Training Laboratory, VA Hospital, Houston, Texas.

The Jo-Hari Window


SELF
Solicits Feedback
Things I Know
Things I Don't Know
GROUP
Self-Disclosure
or
Gives Feedback
Things They Know
Things They Don't Know
ARENA
BLIND SPOT
FACADE
UNKNOWN
INSIGHT
UNCONSCIOUS

I do not know about myself." Row one contains "things that the group knows about me"; row two contains "things that the group does not know about me." The information contained in these rows and columns is not static, but moves from one pane to another as the level of mutual trust and the exchange of feedback varies in the group. As a consequence of this movement, the size and shape of the panes within the window may vary.

The first pane, called the Arena, contains things that I know about myself and about which the group knows. It is an area characterized by free and open exchange of information between myself and others. The behavior here is public and available to everyone. The Arena increases in size as the level of trust increases between individuals or between the individual and his group. That is, more information, particularly personally relevant information, is shared.

The second pane, the Blind Spot, contains information that I do not know about myself but of which the group may know. As I begin to participate in the group, I communicate all kinds of information of which I am not aware, but which is being picked up by other people. This information may be in the form of verbal cues, mannerisms, the way I say things, or the style in which I relate to others. The extent to which we are insensitive to much of our own behavior and what it may communicate to others can be quite surprising and disconcerting. For example, a group member once told me that everytime I was asked to comment on some personal or group issue, I always coughed before I answered.

In pane three are things that I know about myself but of which the group is unaware. For one reason or another I keep this information hidden from them. My fear may be that if the group knew of my feelings, perceptions, and opinions about the group or individuals in the group they might reject, attack, or hurt me in some way. As a consequence, I withhold this information. This pane is called the "Facade" or "Hidden Area." One of the reasons I may keep this information to myself is that I do not see the supportive elements in the group. My assumption is that if I start revealing my feelings, thoughts, and reactions, group members might judge me negatively. I cannot find out, however, how members will really react unless I test these assumptions and reveal something of myself. In other words, if I do not take some risks, I will never learn the reality or unreality of my assumptions. On the other hand, I may keep certain kinds of information to myself when my motives for doing so are to control or manipulate others.

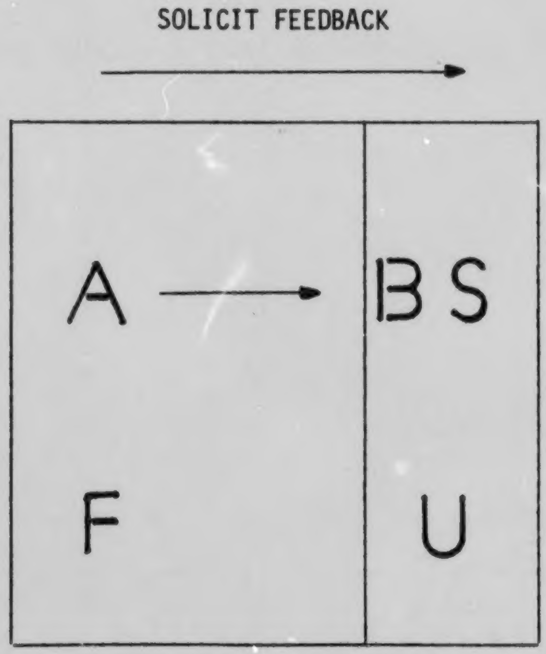
The last pane contains things that neither myself nor the group knows about me. Some of this material may be so far below the surface that I may never become aware of it. Other material, however, may be below the surface of awareness to both myself and the group, but can be made public through an exchange of feedback. This area is called the "Unknown" and may represent such things as intrapersonal dynamics, early childhood memories, latent potentialities and unrecognized resources, etc. Since the internal boundaries can move backward and forward or up and down as a consequence of soliciting or giving feedback, it would be possible to have a window in which there would be no Unknown. Since knowing all about oneself is extremely unlikely, the Unknown is extended so that part of it will always remain unknown. If you are inclined to think in Freudian terms, you can call this extension the "Unconscious."

In the original model, the upper half of the vertical line (solicits feedback) and the left half of the horizontal line (giving feedback) could be moved independently from the lower and right halves, respectively, to decrease the Blind Spot or Facade. That is, the Blind Spot and Facade could be decreased without decreasing the Unknown. For the purposes of this exercise, however, we are going to treat the vertical and horizontal lines as a unit.

Pass out the Jo-Hari Window Self-Rating sheets. (See last page of this article.)

One goal we may set for ourselves in the group setting is to decrease our Blind Spots, i.e., move the vertical line to the right. How can I reduce my Blind Spot? Since this area contains information that the group members know about me but of which I am unaware, the only way I can increase my awareness of this material is to get feedback from the group. As a consequence, I need to develop a receptive attitude to encourage group members to give me feedback. That is, I need to actively solicit feedback from group members in a way that they will give it to me. The more I do this, the more the vertical line will move to the right.

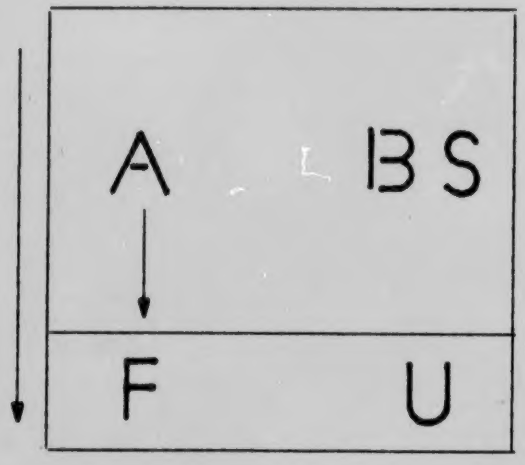
Demonstrate on newsprint:



Look at your self-rating sheet. Across the top you will notice a scale that runs from "1" to "9" describing the extent to which a person solicits feedback. Now think back upon your last group meeting(s). Think of the times during that meeting when you felt curious about how you were being perceived by other group members. How many times did you want to know how other group members were feeling about you and how you were coming across in the group. Look at the scale again across the top of the blank window and find a location on that scale that describes the extent to which you actually solicited feedback in that group session. Do not rate how many times you felt the need for feedback, but how many times you actually asked for it. Once you have located this point on the scale, draw a vertical line to the bottom of the window.

Another goal we may set for ourselves, in terms of our model, is to reduce our Facade, i.e., move the horizontal line down. How can I reduce my Facade? Since this area contains information that I have been keeping from the group, I can reduce my Facade by giving feedback to the group or group members concerning my reactions to what is going on in the group and inside of me. In this instance, I am giving feedback or disclosing myself in terms of my perceptions, feelings, and opinions about things in myself and in others. Through this process the group knows where I stand and does not need to guess about or interpret what my behavior means. The more self-disclosure and feedback I give, the farther down I push the horizontal line.

Demonstrate on newsprint:



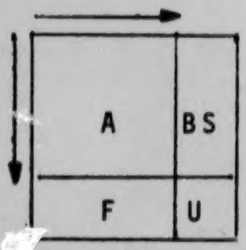
The Jo-Hari Window

You will notice that while we are reducing our Blind Spots and Facades through the process of giving and soliciting feedback, we are, at the same time, increasing the size of our Arena or public area.

Look again at your Jo-Hari Window Self-Rating sheet. You will notice on the left hand margin a scale running from "1" to "9" measuring the extent to which you disclose yourself or give feedback in the group. Think back again on your last group meeting(s). How many times during that group session did you feel the need to give feedback to other group members, express your own feelings and perceptions about yourself and others in the group, or take a stand on group issues? Look again at the left hand margin and locate on that scale the extent to which you actually did give feedback or disclose yourself to the group. Do not rate how many times you felt like giving feedback, but the extent to which you actually gave feedback. When you have located this position, draw a line horizontally across the window pane.

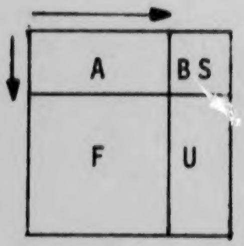
In the process of giving and asking for feedback some people tend to do much more of one than the other, thereby creating an imbalance in these two behaviors. This imbalance may have consequences in terms of the individual's effectiveness in the group and group members' reactions to him. The size and shape of the Arena, therefore, is a function of both the amount of feedback shared, and the ratio of giving versus soliciting feedback. In order to give you some idea of how to interpret your windows, I would like to describe four different shapes which characterize extreme ratios in terms of soliciting and giving feedback. These descriptions will give you some idea of how people, characterized by these windows, might appear to others in a group setting.

Demonstrate on newsprint:



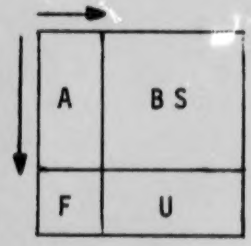
1

IDEAL WINDOW



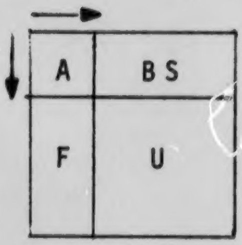
2

INTERVIEWER



3

BULL-IN-
CHINA-SHOP



4

TURTLE

Number one is an "Open Window" in a group situation or in any other relationship that is significant to the person. The size of the Arena increases as the level of trust in the group increases and the norms that have been developed for giving and receiving feedback facilitate this kind of exchange. The large arena suggests that much of the person's behavior is aboveboard and open to other group members. As a consequence, there is less tendency for other members to interpret (or misinterpret) or project more personal meanings into the person's behavior. Very little guess work is needed to understand what the person is trying to do or communicate when his interactions are open both in terms of soliciting and giving feedback. It is not necessary, however, to have a large Arena with everybody. The persons with whom you have casual acquaintances may see this kind of openness as threatening or inappropriate in terms of the kinds of relationship you have with them. It is important to note, however, in your group or with some of your significant relationships, that when most of your feelings, perceptions, and opinions are public neither person has to engage in game behavior.

The large Facade in window number two suggests a person whose characteristic participation style is to ask questions of the group but not to give information or feedback. Thus the size of the Facade is inversely related to the amount of information or feedback flowing out from the individual. He responds to the group norm to maintain a reasonable level of participation, however, by soliciting information. Many of his interventions are in the form of "What do you think about this?" or "How would you have acted if you were in my shoes?" "How do you feel about what I just said?" "What is your opinion about the group?" He wants to know where other people stand before he commits himself. You will notice that his "soliciting feedback" arrow is long whereas his "giving feedback" arrow is short. Since this person does not commit himself in the group, it is hard to know where he stands on issues. At some point in the group's history, other members may confront him with a statement similar to "Hey, you are always asking me how I feel about what's going on, but you never tell me how you feel." This style characterized as the "Interviewer," may eventually evoke reactions of irritation, distrust, and withholding. Traditionally, many therapists or counselors operate with a large Facade, always asking questions about the client, encouraging him to express his feelings and thoughts, but seldom revealing their own feelings about the client or what is going on in the relationship.

Window number three has a large Blind Spot. This person maintains his level of interaction primarily by giving feedback but soliciting very little. His participation style is to tell the group what he thinks of them, how he feels about what is going on in the group, and where he stands on group issues. Sometimes he may lash out at group members or criticize the group as a whole feeling that he is being open and aboveboard. For one reason or other, however, he either appears to be insensitive to the feedback given to him or does not hear what group members tell him. He may either be a poor listener or he may respond to feedback in such a way that group members are reluctant to continue to give him feedback, e.g., gets angry, cries, threatens to leave. As a consequence, he does not know how he is coming across to other people or what his impact is on them. Because he does not appear to utilize the corrective function (reality) of group feedback, many of his reactions or self-disclosures appear out of touch, evasive, or distorted. That is, group members may react to his comments or criticisms with statements such as "What has that got to do with us?" "Stop analyzing me!" "You're way off base." "Who the hell are you to pass judgment on me." The result of this one-way communication (from him to others) is that he persists in behaving ineffectively. Since he is insensitive to the steering function of the group, he does not know what behaviors to change. His "soliciting feedback" arrow is very short while his "giving feedback" arrow is long. This style of interaction comes across as a "Bull-in-the-China-Shop."

The last window, the large Unknown, represents the person who does not know much about himself nor does the group know much about him. He may be the silent member or the "observer" in the group who does not give nor ask for feedback. As you can see in window number four, the "soliciting" and "giving feedback" arrows are very short. He is the mystery man in the group because it is difficult for group members to know where this person stands in the group or where they stand with him. He appears to have a shell around him which insulates him from other group members. When confronted about his lack of participation he may respond with, "I learn more by listening." Group members who are not actively involved in the group or who do not participate get very little feedback because they do not provide the group with any data to which they can react. The person who is very active in the group exposes more facets of himself and provides the group members with more information about which they can give him feedback. While this kind of exchange may cause the high participant some discomfort, he learns considerably more than the low participant who does not give or solicit feedback. The person characterizing this window is called the "Turtle" because his shell keeps people from getting in and himself from getting out. It takes a considerable amount of energy to maintain an Arena this small in a group situation because of the pressure which group norms exert against this kind of behavior. Energy channeled in maintaining a closed system is not available for self-exploration and personal growth.

The goal of soliciting feedback and self-disclosure or giving feedback is to move information from the Blind Spot and the Facade into the Arena where it is available to everyone. In addition, through the process of giving and receiving feedback, information can move from the Unknown into the Arena, that is, new information is obtained. A person may have an "aha" experience when he suddenly perceives a relationship between a here-and-now transaction in the group and some previous event. It is like two and two do not make four, they really make five. Movement of information from the Unknown into the Arena can be called "insight" or "inspiration."

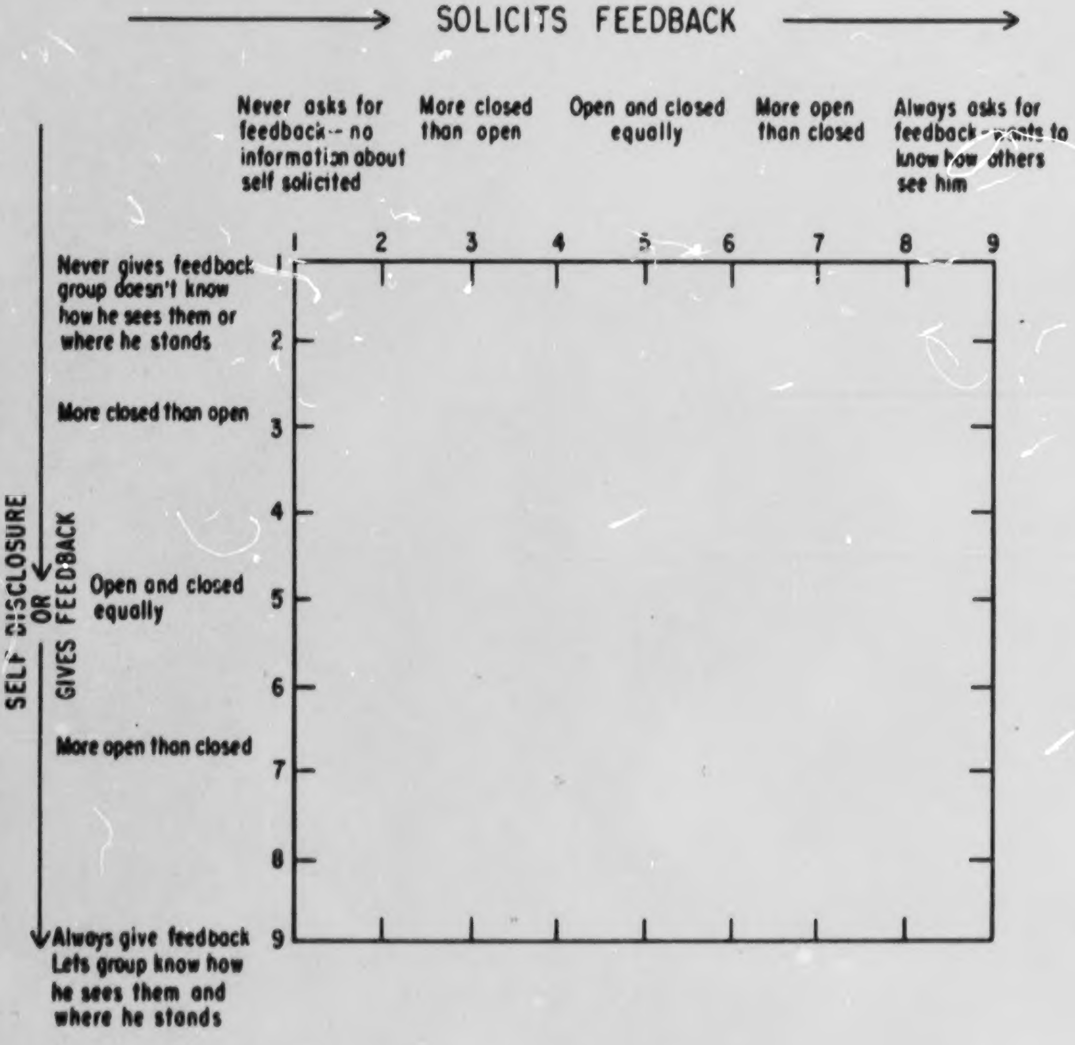
It is not an easy task to give feedback in such a way that it can be received without threat to the other person. This technique requires practice in developing sensitivity to other people's needs and being able to put oneself in other people's shoes. Some people feel that giving and receiving feedback cannot be learned solely by practice, but requires a basic philosophy or set of values which must first be learned. This basic philosophy is that the individual be accepting of himself and others. As this acceptance of self and others increases, the need to give feedback which can be construed as evaluative or judgmental decreases.

Each group can now be divided into trios or quartets within groups, depending upon the size of the group. The instructions are: "Take from 20- to 30-minutes to share your windows in your subgroup. You can ask feedback from members of your subgroup as to how they would have rated you in terms of soliciting and giving feedback. You can thus compare your self-ratings with their perceptions. When this exchange is complete, begin to identify the forces in your group which make it easy or difficult for you to solicit or give feedback. As a subgroup you can make a list of these facilitating and inhibiting forces. Take an additional 15 minutes for this task.

"The total task should take from 40- to 45-minutes. At the end of this time rejoin your group and share the information generated by your subgroups with the total group. You may want to list these forces on newsprint. Take an additional 30- to 40-minutes for this task. In identifying the facilitating and inhibiting forces which affect the exchange of feedback, you can then discuss what steps you may want to take in order to increase the facilitating forces and decrease the inhibiting forces affecting the feedback process in your group."

Jo Hari Window
Self Rating

Philip G. Hanson, Ph. D.
V. A. Hospital, Houston, Texas


SOLICITS FEEDBACK
Never asks for feedback -- no information about self solicited
More closed than open
Open and closed equally
More open than closed
Always asks for feedback - wants to know how others see him
1
2
3
4
5
6
7
8
9
SELF DISCLOSURE OR GIVES FEEDBACK
Never gives feedback group doesn't know how he sees them or where he stands
More closed than open
Open and closed equally
More open than closed
Always give feedback Lets group know how he sees them and where he stands

APPENDIX I-q-1

SURVEY: TRAINING FOR INDIVIDUAL AND GROUP EFFECTIVENESS AND RESOURCEFULNESS WORKSHOP

(TIGER Workshop Evaluation)

(see Pp. 73, 82, 85)

APPENDIX I-q-2

PEER RATINGS FOR CONSULTANT TRAINERS

(Peer Evaluation for Selecting District Consultants)

(I-q-1)

SURVEY: TRAINING FOR INDIVIDUAL AND GROUP EFFECTIVENESS AND RESOURCEFULNESS WORKSHOP

Now that the workshop is almost over, we would like you to answer the questions on the following pages. The information you provide will help us evaluate this program. This information will also help us plan for future workshops.

I. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

Date:____________________

1. Name:____________________ VA Duty Station:____________________
2. Age:__________
3. Sex (circle one): Female Male
4. Ethnic or racial background (circle one):

   Caucasian Negro Mexican-American Other_______________
5. Number of years at your present VA Duty Station:_______________
6. Number of years at your present VA Duty Station plus previous

   VA Duty Stations:______________________________
7. What is your present professional role and VA job title:__________

   ____
8. Have you had any previous background or experience in laboratory or experiential training:

	Circle One
As a participant	Yes No
As a trainer or leader	Yes No

If you answered yes, please describe:______________________________

____

9. When, approximately, were you designated by your hospital to be involved in the training efforts at your hospital? ______________

10. Have you begun any training or been working with Admission Office or Ambulatory Care personnel? Yes No

If your answer is no, go to next page.

11. When did you get started? ______________

12. How many people (identify service) are helping you do training at your hospital? ______________

____

13. Approximately what percent of your hospital's personnel have been in training activities to date? (circle one)

0% 25% 50% 75% 100%

14. How is training going? (circle one)

Very well Good Okay Not so good Terrible

15. What is going (especially) well? ______________

____

____

16. What is not going well? ______________

____

____

Workshop Survey

III. During the workshop you were in D-groups to work on and discuss different topics. Describe your feelings and impressions about these D-group meetings by circling one of the statements below each question.

1. How rewarding were the group meetings:

Very rewarding   Somewhat rewarding   A little rewarding   Not rewarding

2. How sluggish or lacking in energy were the group meetings?

Very sluggish   Somewhat sluggish   A little sluggish   Not sluggish

3. How cooperative were the group meetings?

Very cooperative   Somewhat cooperative   A little cooperative   Not cooperative

4. How competitive were the group meetings?

Very competitive   Somewhat competitive   A little competitive   Not competitive

5. How much play or fun occurred in the group meetings?

Much play   Some play   A little play   No play

6. How much work occurred in the group meetings?

Much work   Some work   A little work   No work

7. How much verbal fighting occurred in the group meetings?

Much fighting   Some fighting   A little fighting   No fighting

8. How much flight or avoidance of relevant topics occurred in the group meetings?

Much flight   Some flight   A little flight   No flight

9. How tense were the group meetings?

Very tense   Somewhat tense   A little tense   Not tense

Workshop Survey

III. Please answer the following as indicated:

1. How much has the training you received at this workshop increased your sense of competence in dealing with interpersonal and organizational issues? (circle one)

   Very much   Much   Some   Little or none

   Comments?: ____

   ____

2. How much of a contribution do you believe that this kind of training (i.e., the laboratory method) can make to the organizational and interpersonal issues that exist in your hospital? (circle one)

   Very much   Much   Some   Little or none

   Comments?: ____

   ____

3. Did this workshop help you or give you any ideas that helped you clarify issues or suggest future directions for your training efforts?

   Yes   No

Please describe: ____

____

____

4. What do you believe are organizational or other factors in your hospital that might facilitate or inhibit your training efforts:

____

____

____

5. What are some personal factors that might facilitate or inhibit your training efforts (personality and/or present skills):

____

6. Do you have any interest in receiving additional training (2-week minimum) and serving as a District Consultant/trainer and resource person to other hospital trainers? (circle one)

Yes No

If yes, please answer the following questions:

a. Would you be able to find or obtain time for this work:

Yes No

Comments?: ____

____

b. What reservations would you have about doing such work? __________

____

c. What benefit to you do you see as a result of doing such work?:

____

d. Any other comments?: ____

____

7. a. Briefly describe below what you expected to learn during this workshop: ____

____

b. To what degree were your expectations met during this workshop? (check one of the statements below):

____My expectations were completely met
____My expectations were largely met
____The workshop fell short in meeting my expectations
____My expectations were not met at all

c. Comments regarding your expectations?: ______________________

____

8. Please write down any comments you might have on any part of the workshop. Attach another page if necessary.

NAME: ______________________________

WORKSHOP EVALUATION

Please rate each workshop element for your satisfaction with it and for the perceived applicability of its learnings.

ELEMENT	SATISFACTION			APPLICABILITY		
	Hi	Med	Lo	Hi	Med	Lo
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

Name ____________________________

PEER RATINGS FOR CONSULTANT TRAINERS

Take about 15 minutes in your D-group to discuss and clarify the criteria below. Then rate each person in your group--including yourself--on a scale of "1" (low) through "10" (high) on the following dimensions:

GROUP MEMBER (Put an "x" in front of your name for self-rating)	Able to relate openly and authentically to people. "1" = low rating "10" = hi rating	Would you seek this person for help, personal or organizational? "1" = low rating "10" = hi rating	Ability to manage stress and conflict in a problem-solving manner. "1" = low rating "10" = hi rating	Existing or emerging design skills. "1" = low rating "10" = hi rating
1				
2				
3				
4				
5				
6				
7				
8				

APPENDIX II-a

TRAINING-CONSULTATION MODULE:
HOW TO PLAN AND START A WORKSHOP

(Exercise)

(see P. 78)

(II-a)

HOW to PLAN and START a WORKSHOP

(Total Time = 2-1/2 hours)

Introduction - 15"

A "workshop" does not begin at the first session. There are four "starting" points: (1) the proposal of a workshop to administration, (2) informing and inviting employees to attend, (3) deciding what content to include in the workshop, and (4) the opening session and introduction to the workshop.

Task

Participants form four teams to prepare a presentation to the group regarding each of these starting points. Each group will be given a simulation task to complete in 45 minutes to structure their work.

Note to Training Staff: At the end of 45" tell each group their presentation is being delayed 15" and they have the opportunity to discuss their presentation with a consultant. Each team should then pick a consultant to visit another team for 5". Each team then has 10" additional time to re-tool or finish up their presentation.

At the end of the planning time plus re-tooling, each group presents for 12" followed by 5-10 minutes feedback from the total group.

SIMULATION TASK I

The Proposal

You have just returned from a training-of-trainers workshop and have the job of deciding how or what you want to do to start the TIGER Training Program at your station. Your Director has just called you saying that he has a meeting with the Training and Education Committee and all service chiefs, and he has 12" time in the meeting to give you to describe what you would like to do regarding a TIGER program. He also said he would be interested in hearing your ideas of what an ideal program would be and how you would go about it. The meeting, however, starts in 45". Prepare a 12" presentation to this group together with a newsprint outline of your presentation.

SIMULATION TASK II

Employee Information: Invitation

The Director, Training and Education Committee and service chiefs at your hospital have agreed to support a 20 hour initial workshop for employees. They have requested that you construct an outline of an information-invitation letter to be sent to employees (under their signatures) regarding the workshop. They are having a meeting in 45 minutes and are giving you 12 minutes of their meeting time to present your ideas. Prepare a 12" presentation to this group together with a newsprint outline of your presentation.

SIMULATION TASK III

Workshop Planning

The director, Training and Education Committee and service chiefs at your hospital have approved an initial 20 hour workshop and 40 employees have signed up for this workshop. Your training staff has the task of deciding what content issues will be covered during the workshop. The Director and service chiefs are having a meeting 45" from now and are asking you to present your content ideas to them. You are given only 12" to do this, however, and they have additionally noted that they are interested in knowing the rationale for including your content issues. Prepare a 12" presentation to this group together with a newsprint outline of your presentation.

SIMULATION TASK IV

Workshop Opening

You have received the support and approval of your hospital Director, Training and Education Committee and service chiefs to put on an initial 20 hour TIGER workshop. Forty participants have signed up. You have blocked in a 12" time period at the opening of the workshop to introduce the workshop. You have just heard that one of the Houston TIGER staff and an area District Consultant will be visiting your station and have agreed to present an outline to them of your workshop opening for their feedback. They will be here in 45". Prepare a 12" presentation for them together with a newsprint outline of your presentation.

APPENDIX II-b

TRAINING-CONSULTATION MODULE:
HANDLING STRESS, DIAGNOSIS PLANNING AND INTERVENTION

(Exercise)

(see P. 78, 81)

(II-b) HANDLING STRESS, DIAGNOSIS, PLANNING, AND INTERVENTION*

(Total Time = 5 Hours)

Introduction

This is an opportunity for participants to identify stressful situations for themselves and to explore ways to focus on alternative behaviors in these situations to help them better manage stress or lessen the impact of stress for them. Since this exercise involves high stress for some individuals, it should come after groups have had sufficient time to develop a high level of trust.

Task

Design teams will be formed to design a 10" intervention for a participant around his own diagnosed stress situation. All instructions, etc., must be included in this 10" period. A 10" time period following each intervention will be allowed for general feedback from the group on design issues, the rationale for the intervention and reactions to the learnings, etc.

Note: The test of a good stress intervention is not how much stress was produced, but whether or not the individual learned alternate ways to handle stress or lessen its impact. Too much stress can interfere with learning.

Guidelines for Selecting Stress Situations

1. Use your T-Group, exercises, and other experiences to help you identify areas of stress.
2. Consider back-home work situations involving TIGER or other work-related situations.
3. Define stress issue in specific generic terms, i.e., avoid defining stress in terms of only one situation. "When challenged by authority figures, I am stressed" is more specific than "I am stressed when I talk to authority figures in general." Test out your stress statements by asking, "Is this a recurring situation (as opposed to an isolated situation)?"

---

*See Chapter Five discussion regarding use of high risk exercises.

4. Choose an area in which you would like to find or learn a more effective way of handling stress.

Flow of Module

15" Introduction and task instructions.

15" Discuss guidelines for selecting stress and guidelines for designing an intervention (see Appendix II-d).

20" With T-Group members (in trios or quartets) each individual share and check out ideas and feedback regarding his stress situation.

10" Each individual spends alone time considering his stress selection and writes out a brief statement of his stress situation.

20" Teams pair up: Each individual briefly presents his stress situation statement to the other team for clarification. The "other" team designs, as a group, a 10" intervention for each individual on the other team.

60" Design teams work.

10" All participants meet (over coffee?) to allow teams to ask individuals questions if necessary.

20" Final touches to interventions.

120"+Teams pair up again and present 10" interventions followed by 10" feedback for each intervention, the rationale, and other reactions.

Note: If four teams have been formed, two teams will be working together simultaneously and independent from the other two teams. It is not necessary for all participants to see all interventions -- this would double the time needed for the stress interventions.

APPENDIX II-c

1984 POWER EXERCISE

(see P. 79)

(II-c) 1984 POWER EXERCISE*

General Instructions

(Total Time = 5 Hours)

This exercise was conducted with the total workshop (in this instance, 40 participants). The number of people in each role may vary depending upon the number of participants in the total workshop. Generally, a minimum of 20 participants is needed for an effective exercise.

2" Present a brief statement on the importance of understanding how power operates in a system and knowing how to increase your own power and the power of your group in that system.

20" 1. Participants randomly select roles which are presented to them in a hat. These roles consist of 3 consultants, 3 administrators (high power), 10 supervisors and middle management (medium power), and 26 nonsupervisory employees (low power). As a consequence of selecting roles, four groups are created:

Consultant group (3)
High power group (3)
Medium power group (10)
Low power group (26)

2. The consultants are given consultant name tags with the letters "A," "B," or "C." They will earn points both as individuals and as a group.

3. Medium (supervisors and middle management) and high (administrators) groups will receive name tags while the low (nonsupervisory employees) power group will receive arm bands instead of name tags.

---

*Contributed by Joyce Paris, M.A., formerly of the national TIGER staff, VA Hospital, Houston, Texas.

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4. Assign meeting rooms to each group--best room to high power group; poorest room to low power group, e.g., hallway, lobby, etc.

5. Send consultants to their meeting room with Consultant Instruction Sheet (Form A). The time and location blanks are completed by the trainers. These times are also recorded on the Administrative Decision Form (#6 below) by the trainers. Consultants get no other information.

6. a. Pass out "An Administrative Decision" (Form B) to each of the remaining groups--one form to each group.

   b. Pass out Power Gains and Losses Forms (one to each group):

   - Form C (High Power) to Administrators
   - Form D (Medium Power) to Supervisors and Middle Management
   - Form E (Low Power) to Nonsupervisory Employees

7. Read "General Rules" (Form F) to participants (after consultants have left the room). Announce that the negotiations or bargaining activity will commence shortly and be terminated in exactly 3 hours. At that point participants will complete the scoring task.

180" Negotiation time: All groups will negotiate with each other concerning the decisions made by the administrators. Consultants will attempt to make themselves useful in these negotiations. The trainers may choose to move about and observe the activities, taking notes, if they wish, to use during the process time.

15" At the end of the 3 hours call time (stop action) and separate groups. Pass out Rating Forms, one to each power group, and have them complete the ratings:

- Form G (High Power) to Administrators
- Form H (Medium Power) to Supervisors and Middle Management
- Form I (Low Power) to Nonsupervisory Employees

15" Tabulate points on newsprint in General Session. Use format on Tally Sheet (Form J). Data on newsprint to be used in processing.

75" Process time: One option in processing is to have each group fish bowl in front of the other groups to describe their reactions, experiences and learnings during the exercise. Once this sharing is completed, the general session can be opened to discussion by total group and staff.

Process Notes

This exercise is based on the definition of power as the ability to influence a system. The sources of power as described by French and Raven (see Appendix I-j-11, theory) are all operant in this exercise in the sense that participants are placed in varying organizational power positions and are bound by limits usually associated with their group. Given these positions, however, the goal of the exercise is to gain more power.

The instructions do not rule out gaining power for the total organization versus gaining power for your group. The structure of the exercise, however, militates against the organizational win since negotiation is awarded fewer power points. The exercise also facilitates participants identifying with their groups. Thus, there is a pull in the direction of win-lose strategies. An attempt at organizational win is frequently made by only a few participants and/or the consultants.

In this simulation each group is in a potentially win-lose dilemma that is similar to the realities of an organization in which management sees themselves as having the responsibility for maintaining decent relations with employees while at the same time making many unilateral decisions which affect employees.

The role of consultants may be included or left out. They are not part of the struggle and receive independent ratings. If the workshop is focusing on consultation issues, however, as well as power, participants will learn something about the difficulties of intervening in an organizational struggle with little or no information. The consultants also serve as objective observers.

Process Time

Process time is vital to this exercise. Unless the workshop is primarily devoted to the study of power,* it is an exercise to be placed at a point in the workshop in which a good level of trust has been established.

---

*Barry Oshry of National Training Laboratories has conducted workshops primarily devoted to studying power and systems.

The issue of power has the potential of generating strong feelings and, therefore, more time is needed to objectify the experience so that learning can take place more effectively.

If a group fish bowl is used to begin processing, the emergent data may be woven into some comments from the trainer about the characteristics of power. For example, participants often defend their behavior based on feelings concerning values or even retribution. Power is not a moral concept in itself. How it is used, however, may have moral implications. In power conflicts all sides argue the value and legitimacy of their position. The power player frequently gathers information to increase his or her power and then takes strategic risks based on information he or she has. His or her attempts to influence may appear emotional but there is an underlying power motivation which is more cognitively based.

Win-Lose Strategies

All groups. The best first move for all groups to take is to try to quickly learn what kinds of double binds the other groups are in that might provide some leverage in the negotiations. If this information is hard to obtain, groups may then have to make educated guesses as to the other groups' liabilities and strengths.

Low group. For the low power group, the best strategy is to forget about gaining 50 points (unrealistic) and to strike early in the negotiations for a possible score of 25 points. In addition, if administrators reversed the decision and the low power group is pleased, it is important not to allow this pleasure to influence their ratings of the high and medium power groups on respect and good feelings. In a win-lose power game you give nothing that "counts" without making a deal. A disadvantage for the low power group (which is an organizational reality) is that they cannot get as many points on the "respect and good feelings" scales as the other two groups since they are rated only by the middle group. The disadvantage is also due to the fact that low power groups do not usually have responsibility for the management of people.

Medium group. The potential win for the medium group is to forget the good will of the administrators and to join forces with or encourage the low power group to strike and to follow through this strategy by not giving administrators good ratings (no matter how benevolent they appear) on the respect and good feelings scale. The medium group is in an added dilemma because of their identification with the high power group. For this reason, they often attempt to placate both groups (the middle dilemma) and frequently receive the lowest score in the game.

High group. The high power group has the best chance to win (definition of high power) and has usually done so by stalling, appearing reasonable, but in reality making no decision and waiting until time runs out. The irony, of course, is that this strategy while saving funds now may contribute to the ineffectiveness and expense of the organization at a later point.

Win-Win Strategies

Each group had an option to attempt an equal win for the organization. The competitiveness and low trust associated with a power struggle, however, usually rules this out. The high power group is in the best position to accomplish this option. While they would not win the game, they would gain in the long run by having a more integrated and satisfied organization.

It may be argued that win-win strategies are born of humanistic values which tend to value the humanistic use of power. However, proponents of a humanistic approach to organizations agree that there are data to substantiate that an organization whose concerns are high for both morale of employees and getting the job done are more effective and productive which are criteria of power.

1984 POWER EXERCISE

Consultant Instruction Sheet (Form A)

You have a new contract with Smith General Hospital. You have had only one previous meeting with administration in which you discussed the general goals of organization development and established a 3-month trial contract and your fee. Administration was most eager to hire you and seemed to agree, generally, with goals of organization development. They are very concerned about the severe decline in quality of patient care.

Your consulting firm is a fledgling outfit and this is your only firm contract to date and, therefore, you are very anxious to do a good job and establish a longer contract in the future.

You have a scheduled visit with administration at _____. Their offices are in _______________.

Your goal is to win "help" points from the organization at the end of the negotiation time. The personnel of Smith General will award help points to each consultant, A, B, and C, but your score will be a group score.

Possible "Help" Points

Nonsupervisory employees can award 0 - 5 points to each consultant for a maximum of 15 points.

Supervisory and middle management can award 0 - 10 points to each consultant for a maximum of 30 points.

Administration can award 0 - 15 points to each consultant for a maximum of 45 points.

Possible Consequences

30 points or less:	You lost the contract and have to open an Armenian delicatessen.
30 - 60 points:	You go into consulting part-time and open a bicycle shop.
60 - 90 points:	You get your year contract and buy a new rug and rubber plant for your office.

1984 POWER EXERCISE

An Administrative Decision (Form B)

The quality of patient care has deteriorated badly in Smith General, a government hospital. The hospital was expanded two years ago to double its beds. The administration feels that this sudden increase in physical size and personnel is responsible for the severe decline in quality of patient care. Therefore, both in order to observe operations, assess the problems and insure performance in the future, administration has decided to spend a massive sum of money to install wiring for a closed circuit television monitoring system throughout the hospital. The work on wiring will begin tomorrow. Administration will be able to view at will the operations of all wards, nursing stations and medical and psychiatric treatment centers. Cameras will be also installed in private offices of supervisory and middle management. However, these offices may not be televised without permission or release of the supervisory and middle management (includes professionals in a supervisory or management position). The nurses and ward workers are violently against this decision and rebel against the idea of being constantly or arbitrarily on camera. In addition, they feel this surveillance creates a climate of suspicion, a distrust of their competency, and severely violates the privacy of patients.

The supervisory and middle management are very uncomfortable about the decision and although their cooperation will be solicited before their offices will be viewed, they realize their periodic reluctance to be viewed will have to be defended so that the decision is not without its ramifications for them.

Administration had some severe doubts about the procedure, predominantly because of the expense, but after a year's deliberation have made the decision and have announced it to all hospital personnel. In addition to installing the monitoring system, they have decided to hire three management consultants on a 3-month trial contract (to be possibly extended for 1 year) to advise them on how to keep the hospital running smoothly. Administration has only informally discussed the broad goal of organization development with these consultants in their contract meeting. The consultants have their second appointment with administration in administrative offices at _______ o'clock.

1984 POWER EXERCISE

High Power Group--Administration (Form C)

Power Gains		Power Losses	
+25 points:	for not reversing the decision	-25 points:	for reversing the decision. (Criterion, signing an agreement.)
+35 points:	to offset loss from reversal of decision--if done to end a strike	-20 points:	if hospital becomes even temporarily disruptive through a strike
Up to		Up to	
+15 points:	for keeping respect and good feelings in the medium group	-15 points:	for losing respect and good feelings in the medium group
+10 points:	for keeping respect and good feelings in the lower group	-10 points:	for loss of respect and good feelings in the lower group

Negotiation Power

+15 points: If you as the administration decide to formally negotiate over the decision with the other groups for one week. Formal negotiation is a verbal agreement between all three groups and is distinct from attempts at bargaining and/or informal attempts at negotiation. However, if you collect negotiation power points, you may not collect any other power gains, but you may still be assessed for power losses.

1984 POWER EXERCISE

Medium Power Group--Supervisory and Middle Management (Form D)

Power Gains		Power Losses	
+20 points:	for reversing decision or if another group reverses decision. (Criterion is a signed agreement by administration.)	-20 points:	for not reversing decision
Up to		Up to	
+20 points:	for keeping respect and good feelings of administration	-20 points:	for losing respect and good feelings of administration
+10 points:	for keeping respect and good feelings of nonsupervisory employees	-10 points:	for losing respect and good feelings of nonsupervisory employees

Negotiation Power

+15 points: If you as the Medium Power group decide to negotiate formally over the decision with the other groups for one week. Formal negotiation is a verbal agreement between all three groups and is distinct from attempts at bargaining and/or informal attempts at negotiation. However, if you collect negotiation power points, you may not collect any other power gains, but you may be assessed for power losses.

1984 POWER EXERCISE

Low Power Group--Nonsupervisory Employees (Form E)

Power Gains

+50 points: for reversing the decision. Criterion of reversal is a signed agreement by administration. Must be done without a strike

+25 points: for reversing the decision by means of a strike

Up to

+15 points: for keeping respect and good feelings of supervisors and middle management

Power Losses

-10 points: for meeting as a group in other than designated area, unless invited to meetings by other groups

-10 points: for not wearing armbands

-10 points: for taking coffee breaks or cocktails during the power exercise

- 5 points: for speaking directly to administration without an invitation to do so

-15 points: for disruptive behavior, e.g., demonstration or strike that leads to no reversal of the decision

Up to

-15 points: for losing respect and good feelings of supervisors and middle management

Negotiation Power

+15 points: If you as the Low Power group decide to formally negotiate over the decision with the other groups for one week. Formal negotiation is a verbal agreement between all three groups and is distinct from attempts at bargaining and/or informal attempts at negotiation. However, if you collect negotiation power points you may not collect any other power gains but you may be assessed for power losses.

1984 POWER EXERCISE

General Rules (Form F)

(To be read to participants--not including consultants)

1. The maximum number of points any group can win is 50. Since there are both power losses and power gains, however, the winning score may be a zero or a minus score.

2. Winning will be assessed at the end of the negotiation time when you will be asked to complete rating forms.

3. Each group has instructions on "how to win."

4. Low power groups may initiate conversation with medium group (supervisory and middle management) only. They cannot communicate directly with the high power group (administrators). However, the medium and upper groups may initiate a dialogue with any other group.

1984 POWER EXERCISE

High Power Group Ratings--Administration (Form G)

1. Group's rating of help from
   Consultant A (0 - 15 points)

Name:________________________ = ____________________

   Group's rating of help from
   Consultant B (0 - 15 points)

Name:________________________ = ____________________

   Group's rating of help from
   Consultant C (0 - 15 points)

Name:________________________ = ____________________

2. Group's rating of respect and good feelings towards medium group--supervisory and middle management (-20 - +20 points) = ____________________

3. Outcome (circle one)
   a. Reversal of our decision
   b. No reversal of our decision
   c. Negotiation to continue for one week

1984 POWER EXERCISE

Medium Power Group Ratings--Supervisory and Middle Management (Form H)

1. Group's rating of help from Consultant A (0 - 10 points)

Name:______________________________ = ______________________

Group's rating of help from Consultant B (0 - 10 points)

Name:______________________________ = ______________________

Group's rating of help from Consultant C (0 - 10 points)

Name:______________________________ = ______________________

2. Group's rating of respect and good feelings toward upper group--top administration (-15 - +15 points) = ______________________

3. Group's rating of respect and good feelings toward lower group--nonsupervisory employees (-15 - +15 points) = ______________________

4. Outcome (circle one)

   a. Reversal of administrators decision

   b. No reversal of administrators decision

   c. Negotiation to continue for one week

1984 POWER EXERCISE

Low Power Group Ratings

Nonsupervisory Employees (Form I)

1. Group's rating of help from Consultant A (0 - 5 points)

Name:______________________________ = ______________________

Group's rating of help from Consultant B (0 - 5 points)

Name:______________________________ = ______________________

Group's rating of help from Consultant C (0 - 5 points)

Name:______________________________ = ______________________

2. Group's rating of respect and good feelings towards upper group--top administration (-10 - +10 points) = ______________________

3. Group's rating of respect and good feelings towards medium group--supervisory and middle management (-10 - +10 points) = ______________________

4. Outcome (circle one)

   a. Reversal of administrators decision

   b. No reversal of administrators decision

   c. Negotiation to continue for one week

1984 POWER EXERCISE

Tally Sheet (Form J)

Origin of Scores	Administration	Supervisors Middle Management	Nonsupervisory Employees	Consultants
Decision Reversal (signed)				↓
Negotiation Decision (formal-verbal)				
Respect and Good Feelings Scores	From Medium ________ From Lower ________	From Upper ________ From Lower ________	From Medium ________	
Disruption or Strike Losses		↓		
Miscellaneous Power Losses	↓			
TOTALS				
Help Points for Consultants	→			

Origin	A	B	C
Hi			
Med			
Low			
Total			

APPENDIX II-d

THINGS TO CONSIDER IN PLANNING AN INTERVENTION

(Theory)

(see P. 81)

(II-d)

THINGS TO CONSIDER IN DESIGNING AN INTERVENTION

(Total Time: 15 minutes)

1. A consultant's presence in the Client System is an intervention.

2. Know what you are designing for and your rationale for why it should work.

3. Test out an intervention or design, especially if it is complicated:

   - are instructions clear?
   - is the flow logical?
   - how would you react if you were a participant in the intervention?
   - is it likely that the intervention will meet your diagnosed goal?

4. Too many cooks spoil the . . .

   - determine resources in the design team.
   - subdivide a large design team into planners and processors and/or divide the work task among team members according to their resources.

5. A single question could be the most effective intervention. Don't restrict yourself to role-playing.

6. Plan for reproduction of any scales, handouts, etc., obtaining material and utilizing other resources (people, location, etc.).

7. Make sure your plans include the retrieval of data.

8. Decide, very definitely, who is going to do what before, during and after your intervention.

9. Evaluation of intervention. How will you know if intervention is successful (achieves its goal)?

10. Make certain that sufficient time is scheduled to allow for processing the total experience.

BE CREATIVE

APPENDIX II-e

T-GROUP DIAGNOSIS, PLANNING AND INTERVENTION MODULE

(Exercise)

(see P. 81)

(II-e) T-GROUP DIAGNOSIS, PLANNING & INTERVENTION MODULE

(total time = 4 3/4 - 5 hours)

Flow of Exercise

30" Introduction and things to consider in designing an Intervention (see Appendix II-d).

10" Each T-group chooses 2 observers to observe another T-group while it diagnoses issues in the group. Pairs of T-groups are assigned to work with one another for the module.

20" Each T-group (minus its 2 observers) defines one issue it would like to focus on in an intervention planned by another T-group (who has its observers present during this discussion-diagnosis phase).

5" Each T-group chooses 2 presenters to present their groups issue to the other T-group who will be planning an intervention for them.

10" The observers return to their group with the presenter for the presentation and clarification of the diagnosed issue.

135" Planning an Intervention

TASK - Plan a 10" intervention (including instructions, etc.) to take place in an additionally scheduled 25" T-group meeting for the other group. The intervention must be finished at least 10" before the end of this T-group time (this allows the interveners to observe the effect of their intervention). Assign roles to each member of your T-group for your planned intervention:

---one or two to present the rationale for your design.

---one or more to observe different effects of your intervention (feelings evoked, shifts in behavior, etc.)

25" T-group Session for Group II (includes intervention of Group II on I)

25" T-group Session for Group II (includes intervention of Group I on II)

30" Each T-group meet by themselves:

5" Discuss the rationale and effects you hoped for in the intervention on the other group.

10" What effect did you perceive your intervention had on the other group.

15" What did you experience while the other group did their intervention on you.

60" Pairs of T-groups meet to process exercise (using data collected in previous 30").

SUGGESTED FORMAT:

Group I rationale: Group I perceived effects on Group II: (1)	Group II experienced effects of intervention on them: (2)
Group II rationale: Group II perceived effects on Group I: (3)	Group I experienced effects of intervention on them: (4)

APPENDIX II-f-1

TEAM BUILDING MODULE

(see P. 82)

APPENDIX II-f-2

DIFFERENCES BETWEEN T-GROUPS AND INTACT WORK TEAMS

(Theory)

(see P. 82)

(II-f-1)

TEAM-BUILDING MODULE

(Total time = 4 hours, 15 minutes)

Flow of Module

10" Introduction and flow of module. Note: Team-building does not imply a special set of exercises or tasks but simply involves the application of training skills to an intact work team.

20" Task - using the teams that were assigned to work with "real life" clients, assign half of these teams the task of designing a 1-1/2 hour module for the entire workshop (e.g. "what to do after basic training"). These design teams will work together and/or subdivide the task. Each design team will be assigned a consultant team to work with them. The consultant team has the task of providing direction, etc., to help the design teams work most effectively. If there is an uneven number of teams, the odd team can be assigned the task of evaluating the effectiveness of the consultant team and the design teams. Each of the teams then decides whether they want to be a design or consultant team and pair up.

Option - The design teams are not told what their task will be until later.

150" Design teams meet briefly with a staff person to get their task. They are told they cannot use staff during the module but must use their consultant team as resources. The design teams are also instructed that they are agreeing to be available to their consultant team in 30".

The consultant teams meet with staff for lecturette on team-building which includes a description of the differences between a T-group and an intact work team (see Appendix II-f-2). Consultant teams can observe or collect data or design interventions (by negotiating with design teams).

The evaluation team (if used) meets briefly with staff to discuss options, procedures and ideas on how to evaluate the module.

Design teams work on task and implement contract with consulting teams.

15" Design and consultant team pairs meet together so consultant teams can give feedback and/or implement an intervention for the design team.

30" Design teams finish preparation for 1-1/2 hour module.

Consultant teams prepare for general session sharing of their experiences and ideas during the module.

30" Processing of team-building module: consultant (and evaluation, if used) teams share experiences in General Session.

(II-f-2)

DIFFERENCES BETWEEN T-GROUPS AND INTACT WORK TEAMS*

(Lecturette -- 15 min.)

	T-GROUPS		INTACT WORK TEAMS
1.	Group of strangers.	1.	Group has life history.
2.	"Here and now" norm.	2.	Past and future data also important.
3.	Accountable to each other.	3.	Accountable also to larger system.
4.	Group forms for a training event.	4.	Group has formed previously for reasons other than training.
5.	Members are on an equal status.	5.	Members have different status, authority, power and accountability.
6.	Group can give rewards and punishment.	6.	Rewards are unequally distributed, controls are often external to the group.
7.	Agenda is intra- or inter-personal or intra-group.	7.	Agenda can be work or task issues and will be interpersonal only if it effects work.
8.	Group is a self-contained mini-society.	8.	Other systems exist of which the work group is a part.
9.	All action takes place in group, or at workshop setting.	9.	Sub-groups may form and frequent activity occurs between them outside of the group.

---

*To a large extent, the characteristics of a T-Group can be generalized to most initial or basic TIGER workshop groups. Knowing how a team is different will help the trainer know better how to adjust his training skills for basic workshops to the skill and adjustments necessary when doing team-building consulting with a work team.

10.	Reality involves feelings and perceptions within the group.	10.	Reality is evaluated in terms of factors in a larger system -- feelings and perceptions are only part of the data used.
11.	Traditionally there is voluntary membership.	11.	Usually not voluntary membership.
12.	The group facilitator has no power to change nature of participants' back home work life.	12.	Team leader usually has power to change nature of participants' work life.

APPENDIX II-g

CHOICE AND RESPONSIBILITY MODULE

(see P. 78, 81)

(II-g) CHOICE AND RESPONSIBILITY MODULE*

The Choice and Responsibility workshop was introduced into the TIGER project as a means of providing TIGER trainers with an opportunity to experience total responsibility for their lives as well as the power to make their lives work. Several national TIGER staff members who attended Erhard Seminars Training (EST) and who utilized the EST approach within TIGER reasoned that to the degree TIGER trainers felt like "victims" within the enormous VA system would be the degree to which the TIGER project would not work. If a trainer wanted to choose a "victim's" position there was plenty of evidence to support such a position. Factors such as uncooperative hospital management, unfriendly service chiefs, heavy work loads in addition to training responsibilities, unappreciative employees, etc., all could be used to justify a posture of "victim." To move from a position of "victim" or "effect" in one's life to a position of "cause" is a powerful experience in which the individual perceives that he is responsible for creating the barriers he formerly said were preventing him from reaching success.

The method utilized to accomplish this result is much less a focus on skills or a how-to-do-it approach than it is a way to experience yourself in the world. The design is less a series of exercises than it is a series of strong confrontations between trainers and participants. The intention is to shift the confrontation from between the trainer and the participants to a self-confrontation between each participant and himself. From the trainers' point of view this process entails working with intense resistance.

The national TIGER staff suspects that many TIGER trainers would not want to conduct Choice and Responsibility workshops for a variety of reasons. First, the approach is strongly divergent from most TIGER training, the method is extremely intense and harsh, and the training role requires considerable experience and skill to present effectively. Anyone interested in the method or aims is encouraged to attend an EST workshop which is a 60- to 70-hour experience.

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*Contributed by Richard Ermalinski, Ph.D., VA Hospital, Houston, Texas

APPENDIX II-h

ADVANCED TIGER TRAINING WORKSHOP SURVEY

(Evaluation)

(see P. 83)

(II-h) ADVANCED TIGER TRAINING WORKSHOP SURVEY

Date:____________________

1. Name:____________________

2. VA Duty Station:____________________

3. Age:__________ 4. Sex (circle one): Female Male

5. Ethnic or racial background (circle one):

   Caucasian Negro Mexican-American Other:__________

6. Number of years work experience in the VA:____________________

7. What is your present VA job title and role:____________________

   ____

8. How much has the training you received at this workshop increased your sense of competence in dealing with interpersonal and organizational issues? (Circle one):

   Very Much Much Some Little or None

   Comments:____________________

   ____

9. How much has this workshop helped you or given you ideas that helped you clarify issues or suggest future directions for your training efforts at your station? (circle one)

   Very Much Much Some Little or None

   Comments :____________________

   ____

10. To what extent did this workshop meet your goals and expectations: (check one of the statements below):

__________My goals and expectations were completely met

__________My goals and expectations were largely met

__________The workshop fell short in meeting my goals and expectations

__________My goals and expectations were not met at all

Comments :____

____

11. To what extent did the workshop help you learn about: (circle one for each item)

a) Consulting	Very Much	Much	Some	Little
b) Team-building	Very Much	Much	Some	Little
c) Training and facilitating small group process	Very Much	Much	Some	Little
d) TIGER program development at your station	Very Much	Much	Some	Little
e) Your ability to carry out an effective program at your station	Very Much	Much	Some	Little
f) Yourself	Very Much	Much	Some	Little

12. Do you have any interest in being considered for an additional week of training and serving as a District Consultant-Trainer and resource person to other hospital trainers?: (circle one)

Yes No

If yes, please answer the following questions.

a) Would you be able to find or obtain time for this work?

Yes Not Sure No

Comments :____

____

b) What reservations would you have about doing such work? ____________

____

____

c) What benefit do you see as a result of doing such work? ____________

____

____

d) Any other comments : ____

____

____

NAME:______________________________

WORKSHOP EVALUATION

ELEMENT	SATISFACTION			APPLICABILITY		
	Hi	Med	Lo	Hi	Med	Lo
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						

APPENDIX III-a

COLLATED NEEDS ASSESSMENT LIST

(see P. 89)

(III-a)

COLLATED NEEDS ASSESSMENT LIST

1. "Live" consulting activities
   a. Directors
   b. Hotel staff
   c. Bay area trainers
2. Back-home sharing of programs--problems
3. Team building
4. Program evaluation (national, local, workshop)
5. P-groups--same--3 hours
6. Houston consulting feedback
7. Trainer network--where to go next--consulting with client hospital trainers
8. Training issues

   Resistance → Participants
   Resistance → Trainers
   Resistance → Management

   Adverse outcomes

   Confidence building

   Ethics and values
9. Organization Development vs. Human Relations Training
10. Group instrumentation and assessment
11. Have free afternoon--work two evenings

APPENDIX III-b

SUGGESTED FORMAT FOR PLANNING THE WORKSHOP

(Exercise)

(see P. 89)

(III-b) SUGGESTED FORMAT FOR PLANNING WORKSHOP

9:00-10:15 1. Arbitrarily divide the group in two.

Task: Each group use the initial needs list to come up with a new list of needs. For each need, put the number of people in the group interested in that need in parentheses. Each group member is thus making a yes/no choice for each need element and everyone can vote more than once. Put this list of needs on newsprint.

Note: The initial list is just a starter -- others may be added.

10:15-10:30 2. Two people from each group will collate the two lists into one new list. Other participants may observe and/or drink coffee. Form master list.

Coffee.

10:30-11:00 3. a. Format: Participants form task groups according to which needs element they would like to design.

b. Format

(1) Determine flow of elements by day (Tuesday, Wednesday, Thursday, and Friday morning).

(2) Form three 6-person N groups to design these elements. Each N group responsible for one-third of week's schedule. (Each P group distribute their resources into three subgroups.)

(3) N groups may need to subgroup on different elements to reduce planning time.

11:00- 4. Task groups work on designing their element.

Things to consider in planning:

a. If material you need is not present or is being developed by your group, plan to get it reproduced.

b. If you need consultation or special resources (other people present from other work groups), plan to negotiate for their time.

c. Partial group interventions may be scheduled in the same time block, as per Free University format.

d. Plan in time for evaluation feedback and processing on each intervention - did intervention accomplish goal?

e. Data retrieval and distribution to other participants.

f. Estimate the time needed for presentation of element.

g. Be prepared to present your element design to a consultant team of other participants in the afternoon.

1:30-2:00 5. If "3-a" format is used (omit if 3-b format is used)

Check back with total group - fill in time needed and flow of need elements.

2:00-3:00 6. Task groups continue to work on elements.

3:00-4:00 7. a. If 3-a format:

Check out your design with another task group (consultation group).

b. If 3-b format:

Round Robin consultation A ⟶ B ⟶ C ⟶ A with odd group observing. Client group requests consultation on whichever element they desire.

4:00-4:30 8. Re-tool.

4:30 9. Final scheduling and firm-up in general session.

APPENDIX III-c

ORGANIZATION DEVELOPMENT AND ITS RELATION TO THE TIGER PROGRAM

(Exercise)

(see P. 91)

(III-c) ORGANIZATION DEVELOPMENT AND ITS

RELATION TO THE TIGER PROGRAM

5" **Introduction**: What is the difference(s) between Organization Development and Human Relations Training as methods or approaches to carry out TIGER programs? While these two models need not be mutually exclusive, the benefits of both will be emphasized by this exercise. You will be asked to decide individually which model--Organization Development or Human Relations Training--you feel more comfortable with in applying your skills and knowledge in the TIGER program.

5" Form two groups by making your own choices--which model do you feel more comfortable with? Each group will develop a list of advantages and relevancies for its model. Do not develop a list of disadvantages for the model you did not choose! Each group will select a recorder-reporter.

45" Work in two groups to develop list.

10" Reporters report to total group on lists developed in each of the two groups. Each reporter will have approximately five minutes.

25" Open discussion. Leaders function as moderators to keep discussion smooth. Use circle for discussion.

APPENDIX III-d

TRAINING ISSUES: ETHICAL DILEMMAS

(Exercise)

(see P. 92)

(III-d) TRAINING ISSUES: ETHICAL DILEMMAS*

1. Supervisor asks you to give him information on one of his subordinates who is a participant in the workshop.

2. Participation in TIGER workshops should be mandatory rather than voluntary.

3. Trainers should advocate values in a workshop, e.g., democratic style of leadership is better than other styles.

4. It is OK to put a supervisor and subordinate from the same work unit in same D-Group in a general communication workshop.

5. It is legitimate for TIGER to promote workshops focused only on personal growth.

6. The trainer has no responsibility to follow-up a participant who has left the workshop in an emotionally distraught state.

7. It is OK for a trainer to permit or encourage participants to share personal problems in a workshop setting.

8. A trainer should allow participants to plan actions against administrative policies.

9. Trainers should encourage participants to confront their superiors if they are dissatisfied with the way things are going in the work unit.

10. Participants should be encouraged to express negative feelings, when present, toward a veteran about his behavior or his rights to treatment.

11. It is OK for a trainer to pressure participants into exercises involving activities about which they feel extremely uncomfortable.

12. Physical contact among participants should be discouraged by the trainer.

13. Trainers should not sacrifice training goals in order to get administrative support.

14. It is OK for a trainer to become emotionally involved or intimate with a participant.

---

*For detailed design on how these dilemmas were used, see Chapter Four.

APPENDIX III-e

TRAINING ISSUES: RESISTANT PARTICIPANTS IN GROUPS

(Exercise)

(see P. 93)

(III-e)

TRAINING ISSUES: RESISTANT PARTICIPANTS
IN GROUPS (ROLE PLAY)

The description of exercise and roles has been modified slightly from the way it was played at workshop. Modifications are based on feedback from workshop participants and another workshop.

Time	Activity
5"	Form three 6-person groups and pass out role instructions.
5"	Each member reads assigned First Role: two roles described on each sheet. See role descriptions on following pages. One Group Leader (member #1) Two Straights (member #2 and #6) Three Roles: Silent Person (member #3) Complainer (member #4) Uncertain-Indecisive Person (member #5)
20"	Role play--opening group session in which leader explains goals and teaching methods of program.
20"	Each group processes group session.
	REPEAT SEQUENCE
5"	Second roles--new leader (member #2) rotates to new group.
5"	Each member reads Second Role on sheet: One Leader (member #2) Two Straights (member #1 and #6) Three Roles: Aggressive (hostile) Person (member #3) Expert (member #4) Peacemaker (member #5)
20"	Role play--opening group session in which leader explains goals and teaching methods of program.
20"	Each group processes group session.
20"	Reconvene in general session and share across groups.

Member #1

TRAINING ISSUES

Resistant Group Members

FIRST ROLE -- LEADER

You are about to start your training program and this is your first meeting. You orient your group by explaining the philosophy and objectives of the program. Do your best to deal effectively with any problems that might arise from group members.

SECOND ROLE -- STRAIGHT

You are a participant in a group that is just starting a training program. Try to tune in on your feelings about what is happening. Be yourself in this group.

Member #2

TRAINING ISSUES

Resistant Group Members

FIRST ROLE -- STRAIGHT

You are a participant in a group that is just starting a training program. Try to tune in on your feelings about what is happening. Be yourself in this group.

Move to second group assigned to you after processing interactions of your first group in which you were a straight.

SECOND ROLE -- LEADER

You are about to start your training program and this is your first meeting. You orient your group by explaining the philosophy and objectives of the program. Do your best to deal effectively with any problems that might arise from group members.

Member #3

TRAINING ISSUES

Resistant Group Members

*FIRST ROLE -- SILENT PERSON

You seem preoccupied -- assume a staring posture, respond minimally to questions then clam up. Decide on reason for your role then act it out -- may be related to your second role.

*SECOND ROLE -- AGGRESSIVE (HOSTILE) PERSON

You appear to be in opposition to what leader says (everything he says). Your style is to belittle, interrupt, dominate, try for one-up tactics. Decide on reason for your role then act it out.

*Caution: Do not overplay roles to extent that completely immobilizes group. You can be influenced.

Member #4

TRAINING ISSUES

Resistant Group Members

*FIRST ROLE -- COMPLAINING PERSON

Finds fault with everything -- can't be pleased. Always gives reasons why things won't work -- blames others. Puts leader on defensive -- instills guilt. Decide on reason for your role then act it out -- may be related to your second role.

*SECOND ROLE -- EXPERT PERSON

Knows the right answers -- poor listener. Tries to sell others, especially group leader, on his ideas. Cites his experience as evidence for his superiority. Gets upset if contradicted. Decide on reason for your role then act it out.

*Caution: Don't overplay role to extent that completely immobilizes group. You can be influenced.

Member #5

TRAINING ISSUES

Resistant Group Members

*FIRST ROLE -- UNCERTAIN (INDECISIVE) PERSON

Leans heavily on leader, but hedges when asked direct questions. Asks for excessive clarification -- needs much information. Puts off any decisions or actions -- can't be pinned down -- tries to get leader to make decisions for him. Decide on reason for your role then act it out -- may be related to your second role.

*SECOND ROLE -- PEACEMAKER (CONFLICT AVOIDANCE) PERSON

Extremely agreeable -- when confronted, objects mildly then gives in. Gives excessive support -- cools disagreement -- pours oil on troubled waters -- gives only positive feedback, cannot give negative feedback. May reverse decisions later because he was afraid to confront at time. Decide on reason for your role then act it out.

*Caution: Do not overplay role to extent that completely immobilizes group. You can be influenced.

Member #6

TRAINING ISSUES

Resistant Group Members

FIRST ROLE -- STRAIGHT

You are a participant in a group that is just starting a training program. Try to tune in on your feelings about what is happening. Be yourself in this group.

SECOND ROLE -- STRAIGHT

You are a participant in a group that is just starting a training program. Try to tune in on your feelings about what is happening. Be yourself in this group.

APPENDIX III-f

TRAINING ISSUES: RESISTANT MANAGEMENT

(Exercise)

(see P. 93)

Resistant Management: A Marketing and Negotiation Exercise

Time: One hour

Situation: A District Consultant's written request for two days official leave to visit a client hospital within his district was turned down by the Director. The consultant requests an appointment to sell the Director on the value of training and consulting with client hospitals, and to renegotiate for the two days.

Procedure: Count off participants by one's (Director) and two's (consultants).

Directors and consultants pair off for 10 minutes during which consultant renegotiates for time away from station.

Directors pay consultant on basis of his persuasive skill -- whether or not he gives his permission -- 25¢, 10¢, and 5¢. Another dimension of feedback is the Director's yes/no answer. The persuasive skill dimension was kept separate from the yes/no answer because the role-playing set of the Director may predispose him toward saying either yes or no.

Participants reconvene and payoffs are tabulated: 25¢, yes, no; 10¢, yes, no; 5¢, yes, no. Reasons for payoff also listed.

Total group processes results, highlighting consultant's "insight learnings."

APPENDIX III-g-1

TEAM BUILDING

(Exercise)

(see P. 94)

APPENDIX III-g-2

LECTURETTE ON TEAM BUILDING

(Theory)

(see P. 94)

Team Building Schedule

5" Introduction: Background is presented describing situation. Mary, a young female patient, just had an abortion and is being discussed by the treatment team. They are trying to assess what her problems are and how best to work with her.

10" Role Assignment: Each team member is assigned a role with some information about the problem, e.g., what kind of relationship each member has with the patient. The team members are a psychiatrist, psychologist, social worker, nurse, and two nursing aides. Labels are also given to each team member.

30" First Team Meeting: Team members discuss the patient in order to reach some treatment decisions. The psychiatrist is the team leader. The session is taped. At the end of the discussion the team writes their decisions on newsprint to be posted in general session.

30" General Session: Teams present their decisions in general session and the rationale behind the decisions. Participants ask questions for clarification and then vote on the best production. Basis for selection is discussed.

30" Second Team Meeting:

1. Team members return to their room (picking up coffee on the way) to listen to the tape made of their treatment team discussion. This time, however, they are in the role of consultants processing their own interactions as a treatment team.

2. Using the data from the tape and the general session, each consultant team diagnoses the treatment team's meeting and decides on interventions, relevant to their diagnosis, that might be helpful.

3. These interventions are listed on newsprint. The items are then checked as appropriate or not appropriate for long-term ongoing work teams as opposed to temporary teams such as T- or D-Groups.

30" General Session: Diagnoses and interventions are shared and discussed in general session.

TEAM BUILDING

The Situation

Mary had been away from home for some time and had returned to her home city to get an abortion. Medical complications followed and she was admitted to the city hospital. Her mother is aware of Mary's problems, but her father does not know.

The police have been putting pressure on Mary to prosecute the abortionist, but this cannot be done without Mary's father finding out. Mary has been told by her father's physician that he has a very serious heart condition and probably would have a difficult time handling the stress created by Mary's problem.

Because of this dilemma Mary became depressed and extremely anxious and was moved to a psychiatric ward.

The treatment team is meeting to make some decisions about helping Mary. Different team members have different information from different sources. The treatment team leader, the psychiatrist, opens the session.

TEAM BUILDING

Roles

Social Worker: You have talked to the patient's mother who is extremely upset about her daughter. She feels that her family is already falling apart and that any publicity would destroy it. Mary's mother told you of her husband's serious heart condition and that any knowledge of Mary's problem would be dangerous.

Psychiatrist: You have talked to Mary but have not gotten much information from her. She seems to think that you, as the authority, are on her mother's side. There are some discrepancies between Mary's perception of the family situation and what her mother says.

Psychologist: You have the results of some tests that your technician administered to Mary. You, yourself, have not yet seen her. Partial results suggest weak impulse control, questionable judgment, high anxiety, and moderately depressed. You have scheduled a meeting with her in the morning.

Nurse: You have seen the patient only at medication time. She constantly complains that the medicine isn't doing her any good; she feels like climbing the walls. You have tried to reason with her, but she becomes more demanding. You try to control your feelings, but you think she is a spoiled, manipulating brat.

Day Nursing Aide: You have had considerable contact with Mary and have developed a good relationship with her. She has tremendous feelings of guilt about the abortion, feels rejected by the would-have-been father who left her when he discovered she was pregnant and is frightened by the prospect of her present dilemma. You have a lot of empathy and affection for her.

Night Nursing Aide: You have had very little contact with Mary. She is usually in bed when you come on duty. You were called to her bedside one night by another patient because Mary was crying hysterically. You sat with her for a while until she had calmed down.

LECTURETTE ON TEAM BUILDING

I. Survey revealed seven elements of interest to the group

1. Theory and rationale
2. Initiation and entry problems (debriefing)
3. Diagnostic elements
4. Exercise Kit Bag
5. Transfer of learning and maintenance of ongoing training
6. Have experience as consultant on team building
7. Major issues (debriefing)

II. Definition of Team Building: A periodic attempt by a group of people whose jobs are interrelated to examine how effectively they function as a team, identify barriers to collaboration, and to mutually undertake to reduce or eliminate those barriers. Purpose of Team Building is to develop those skills and behaviors that will develop collaborative functioning.

List of contrasts between T-groups and Team Building groups.

III. When and how does team building start? Usually starts with some crisis.

1. Team building is optimistic and should not be tried unless most of the following conditions exist:*
    a. It should not be tried unless the group really has the opportunity to influence its own future.
    b. It should not be tried if other parts of the system are likely to undo, or prevent the changes the group determines to be desirable.

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*Alban, B. T., and Pollitt, I. L. Team building. In T. H. Patten (Ed.), OD--Emerging Dimensions and Concepts. Organization Development Division, American Society for Training and Development, 1973.

    c. If there is no chance for dialogue or negotiation with the rest of the organization then team building can generate aspirations and enthusiasm which can often lead to increased disappointment.

    d. If decisions have been made to phase out a group it is not likely to be helped by team building--either the problems are so deep they require different solutions, or external forces have already precluded survival.

    e. If the manager is planning to fire a number of people, or if he sees the team building activity as a therapy group for subordinates he can't manage or motivate, then he should not start.

    f. There should also be a belief that the group has the resources to manage its destiny. If the manager and the consultant don't believe the group has sufficient competence to grow and change they should discourage team building.

2. Team building is a long term process. It is important for consultant and manager to recognize that the concept of people working interdependently is a new idea for many. Then begin observing the work group in some of their regular staff meetings to gather data.

3. Who? Usually not more than two organizational levels should be involved because power issues become too complex.

    a. Need not start at the top, although desirable.

    b. Often work with committees, task forces and ad hoc groups as well as regular work teams.

IV. How to get data?

1. Observe groups in action.

2. Interviews.

3. Surveys and questionnaires--desirable because data is objective, but often too much data generated.

4. Force Field Analysis.

V. Exercise Kit Bag: There is no such thing specifically for team building. Can use many of the same exercises and simulations in team building as are used in personal growth and group process activities. Exercises are must useful when:

1. They are not used too often. Don't rely on exercises or gimmicks.
2. The group needs them if the exercise facilitates movement on some issue.
3. The decision is made to divert from task problems to a training mode for specific skills, i.e., communication, goal setting, diagnosis of group process, decision-making, etc.

VI. How maintain effects of team building?

1. On each agenda get a commitment for a next meeting.
2. Have group members develop "written action items," have copies distributed to all members, use these action items to evaluate performance against commitment at next meeting.

VII. Team building can best be facilitated by four interventions

1. Data gathering--deal with data, not opinions
2. Concentrated off-site meetings
3. Long-term third party assistance
4. Develop internal consulting network

VIII. Measuring group effectiveness is difficult since goals vary. When team building is successful, members will make better use of each other's time and talents, will deal more quickly with issues, will show less reluctance to deal with sensitive issues. There are many forms or scales that can be used for analyzing group effectiveness.

APPENDIX III-h

EVALUATION OF DISTRICT CONSULTANTS WORKSHOP

(see P. 34)

(III-h)

	ELEMENT	SATISFACTION			APPLICABILITY		
		Hi	Med	Low	Hi	Med	Low
1.	OUTSIDE CONSULTANTS (Sun. eve: Sears & Paris)	17	2	1	16	4	0
2.	P GROUPS	15	4	0	10	8	1
3.	PLANNING OUR OWN WORKSHOP	13	5	1	18	1	0
4.	BACK HOME CONSULT MODULE (telephone contact to other trainers through switchboard ala Irv Cohen)	3	10	5	7	7	4
	--open network allowing conference call & up to 5 participants						
5.	CONSULT HOSP DIRECTOR (prt of Gp to SF & Dr. Scouge--part to Palo Alto & Dr. Gottlieb)	2	11	1	7	6	1
6.	CONSULT BAY AREA (three consultants worked with 5 trainers from SF & Palo Alto. Rest of Gp fishbowled)	8	3	3	10	4	0
7.	CONSULT HOTEL (Consult Housekeeping & Banquet Mgr)	1	3	2	3	4	0
8.	ETHICAL DILEMMAS (Group rated a series of issues-agree, disagree--don't know)	7	9	3	11	8	0
9.	TRAINEE RESISTANCE (an individual was selected to conduct an initial TIGER session to individuals who were programmed to be themselves, helpful, or resistant)	13	6	1	16	3	1
10.	MANAGEMENT RESISTANCE (conference Hosp Director after receiving a memo stating you could not make a consultant visit to another hosp that had requested one)	13	6	0	15	4	1

	ELEMENT	SATISFACTION			APPLICABILITY		
		Hi	Med	Low	Hi	Med	Low
11.	TRAINER/TRAINER CONSULTANT (consult a trainer requesting a visit, followed by a call to a fellow consultant)	12	3	2	16	2	1
12.	TEAM BUILDING (role play a team consisting of a psychiatrist, psychologist, soc. worker, nurse, & 2 nursing assistants. Problem--Mary--girl who had abortion)	14	6	0	17	3	0
13.	REPORT FROM HOUSTON RE EVALUATION OF TIGER	9	7	4	11	6	3
14.	WHERE DO WE GO FROM HERE/CONTRACT (meet one or two other consultants you are likely to be working with--written contract related to TIGER or personal if choose)	10	7	3	14	5	1
15.	O.D. vs H.C. (group divided according to whether they felt they were doing O.D. or H.C. listed advantages for their position.	16	3	0	16	2	0
16.	OVERALL GLOBAL EVALUATION OF SF WORKSHOP FOR TRAINER/CONSULTANTS	19	1	0	20	0	0
17.	ADDITIONAL COMMENTS--SEE FOLLOWING SHEET						

COMMENTS

Editorial Note:

Some participants did not respond to given question. Some responded to the Satisfaction rating but gave none for Applicability and vice versa.

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1. A very worthwhile week. Idea of planning own workshop great! Suggest every day end with larger group for planning and feedback on day. If possible--workshops held in city rather than outlying.

2. Evaluation of elements should occur after each activity rather than at end of workshop. Also--need some certificate of completion of workshop for Hosp. Director.

3. I feel very good about the workshop and was impressed with the quality of its elements. No real bombs. Some outstanding experiences--From here on it's up to US--!!. Is way I feel--Give Houston some strokes for the quality of the overall program and people and especially for their courage in letting us design the workshop.

4. Very good workshop--I hope we can meet again, but regardless I think I've learned a lot in 3 weeks and plan to do what I can regardless of CO or anyone outside my hospital. However, I hope CO can support the program.

5. Good show.

6. No 3 exercise too rushed, not enough time to really get involved. I felt a lack of ownership. Good workshop. Very needed in terms of confidence building, practice, facilitating communication among us.

7. Very good workshop. I feel much better prepared to handle the role of the D/C. Continuation of the P-groups was a good idea.

8. Workshop very high in building confidence--doing the work, yet time for process, many of my specific agenda items met, i.e., team building, clarification of D/C trainer roles, O.D. philosophical base and much feeling of community rather than D group vs. P group or clicks--air-time seemed to bear this out--perhaps some new feeling that K-bag not as necessary as firm design/work.

9. The cumulative effect of this workshop really moved me into understanding the differences between training and consulting. It also increased

my sense of confidence in going ahead. I really have a warm affection for the Houston Staff and a tremendous respect for your professional competencies. So long--Joyce, Rod & Phil Hi--Dick, Rich & Bud
Affectionately, John

10. Good workshop. More training needed by hospital trainers. Do not feel support base needed is present. Feel good about Houston Staff and other consultants. Overall evaluation: GOOD SHOW! ! ! I feel there will be a need in 6 mos. - 1 year for further workshops.

11. Too much time setting contract. Not enough time talking about what contracts should be set.

12. I was particularly satisfied to have Houston Staff become participants with us. This contributed to "network" cohesiveness for the long term project. Overall, I felt I "learned" and had "fun" too. More than a "glow" occurred. I feel committed and am quite enthusiastic to see our program develop.

13. Highly satisfied and impressed with whole workshop.

14. a) Exercises planned often too cramped. Not enough time for debriefing.
    b) Role playing might have been more helpful with more exchanging of roles.
    c) Workshop as a whole was excellent.

15. I can't suggest any improvements at the moment. Requiring us to design our own workshop was tough, but very worthwhile.

16. Good show!!!

APPENDIX IV-a

NATURE OF WORLD OF WORK

(Theory)

(see P. 111)

(IV-a)

NATURE OF THE WORLD OF WORK
(Outline of Lecturette)

I. Changing Nature of the Environment

  A. Interdependence rather than competition.

  B. Turbulence and uncertainty rather than readiness and certainty.

  C. Large scale rather than small scale enterprises.

  D. Complex and multinational rather than simple national enterprises.

II. Changing Nature of the Work Force

  A. Education.

  B. Increasing job mobility.

  C. Motivation.

  D. Work values.

III. Changing Nature of Work and Technology

  A. Period of rapid change and increasing obsolescence.

  B. Temporary systems.

IV. Changing Management Behavior

  A. New concept of man.

  B. New concept of power.

  C. New concept of organizational values.

V. Task of Education and Goals of Maturity

  A. How to live with ambiguity.

  B. To identify with the adaptive (change) process.

C. To make a virtue out of contingency.

D. To be self-directed.

For more detailed discussion of this outline, see following:

Bennis, W. G., & Slater, P. E. The temporary society. New York: Harper & Row, 1968.

Bennis, W. G. Organization development: Its nature, origins, and prospects. Reading, Mass.: Addison-Wesley Publishing Co., 1969.

APPENDIX IV-b

AIMS OF THE SEMINAR

(Theory)

(see P. 111)

(IV-b)

AIMS OF THE SEMINAR

1. To develop skill in creating full, open communication between the supervisor and his subordinates.

2. To practice basic skills in diagnosing performance problems and in working with subordinates to improve their performance.

3. To develop skill in involving subordinates in group decision-making.

4. To enlighten the supervisor about the changing nature of the work force and to review modern approaches to motivating people.

5. To assist the supervisor in looking at his style of managing people and to work with his self-analysis and the analysis of some of his colleagues in broadening his skills.

6. To develop skill in helping people deal with their work problems, and in bringing to bear on them relevant organizational resources.

7. To encourage the supervisor to develop a continuing process of analyzing his own behavior, and of obtaining feedback on the job as to ways he can increase his effectiveness.

APPENDIX IV-c

DEVELOPING SUPERVISORY SKILLS WORKSHOP:

LOOKING BELOW THE SURFACE--A ROLE PLAY EXERCISE

(see P. 116

APPENDIX IV-c-1

MAC MORGAN; DAVE STUBBINS; OBSERVER'S GUIDE

(Roles)
(Modified from a role play originally designed
by Richard Wallen and Edwin Nevis)

APPENDIX IV-c-2

SAMPLE FORCE FIELD ANALYSIS IN DIAGNOSIS AND CHANGE

(Theory)

APPENDIX IV-c-3

THE IMPORTANCE OF DIAGNOSIS IN IMPROVING PERFORMANCE

(Theory)

(IV-c-1) LEARNING TO LOOK BELOW THE SURFACE

Briefing Sheet: Mac Morgan

You are an "old hand" in the Building Management Service, having started with the VA system right after finishing high school twenty-five years ago and worked up to your present post as Chief of the service. There isn't much you don't know about the practical side of building management and you are willing to share your experience freely with your subordinates. As a matter of fact, you feel that one of your strong points is developing subordinates who have a lot of "practical know-how".

One of your subordinates has you bothered, though. He is Dave Stubbins, a young college graduate who has been with the VA about five years. A year ago you made him Assistant Chief of the service despite his inexperience. At that time he seemed bright, ambitious, and eager to learn. Lately he seems to lack drive and initiative. He meets minimum standards but no more. He rarely makes suggestions, rarely stays after hours, shows no enthusiasm for attending conferences and conventions. Generally, his work is adequate but not up to his level of ability.

Since you have spent a lot of time teaching him about building management, you are at a loss to understand his attitude. You have wondered if he has family problems or similar worries, and hope to help him get back on the track in this discussion.

(IV-c-1) LEARNING TO LOOK BELOW THE SURFACE

Briefing Sheet: Dave Stubbins

You are a young college-trained employee who has been with the VA Hospital for about five years. A year ago you were made Assistant Chief of the Building Management Service. Your chief is Mac Morgan. At that time, you were enthusiastic and full of ideas, but you have changed. You have even begun to doubt that the VA is the organization for you. You feel really beat at the end of a day and hurry home to take a nap before dinner. Your wife tells you that you are touchy and over-sensitive, but you don't see this as serious, even if the kids do bother you some.

What puzzles you most is Mac Morgan's attitude toward you. He is an "old-timer" who came up the hard way and seems set in his ways. While you respect his experience, he never seems to want your suggestions or ideas. He doesn't discuss things you bring up, but always tells you how you "should be doing things." Furthermore, he often gets off the point and lapses into anecdotes and stories about his experiences. You've decided to do as you're told, stop volunteering suggestions, patiently listen to Morgan and do an adequate job until you get transferred or completely fed up. What you can't see is why Morgan calls you in so often and wastes your time. Does he think you're not very bright or is he just letting you know who is the boss?

Mac has scheduled a talk with you about your work for today. You hope it will help matters some but you have real doubts. In fact, you have been thinking about asking for a transfer to another V. A. Hospital so you can get out of this frustrating atmosphere.

(IV-c-1)

LEARNING TO LOOK BELOW THE SURFACE

Observer's Guide

1. How would you describe the behavior of the subordinate during the discussion? Apathetic, resistant, reserved, open, earnest, relaxed, tense, or what?

2. How would you describe the boss' style of handling the situation?

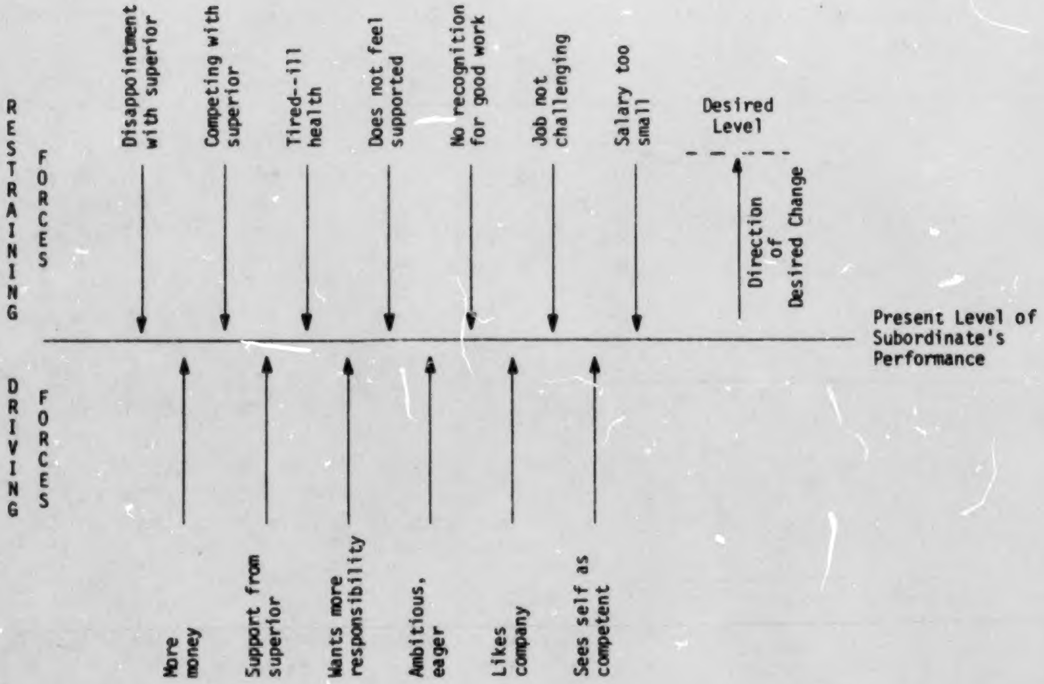
3. What do you see as an important cause of the subordinate's present attitude?

4. Can this cause be removed or altered?

5. What did each man say (and how did he say it) that lessened the defensiveness in the situation? What increased it?

6. At the end of the discussion was there any improvement in communication between the two? Did more facts and attitudes get out on the table?

(IV-c-2) SAMPLE FORCE FIELD ANALYSIS IN DIAGNOSIS AND CHANGE


RESTRAINING FORCES
Disappointment with superior
Competing with superior
Tired--ill health
Does not feel supported
No recognition for good work
Job not challenging
Salary too small
Desired Level
Direction of Desired Change
Present Level of Subordinate's Performance
DRIVING FORCES
More money
Support from superior
Wants more responsibility
Ambitious, eager
Likes company
Sees self as competent

Ways of Changing:

1. Add new driving forces, strengthen existing driving forces.
2. Reduce negative (restraining) or remove forces.
3. Work on both sides, but better to focus more attention on reducing restraining forces.

(IV-c-3) THE IMPORTANCE OF DIAGNOSIS IN IMPROVING PERFORMANCE*

DIAGNOSIS: A thorough exploration of a problem area in order to find the underlying causes of the problem.

1. Diagnosis is needed because causes of poor performance are not usually obvious.

   a. Important information may be missing, e.g., a man attends a course in math to improve certain aspects of his job. He does not improve. Later inquiry reveals that the course did not cover the specific knowledge required. But this was not known at the time the course was recommended.

   OR

   Poor performance of man "A" may be due to certain failures on the part of man "B," his peer. But "A" wants to protect "B."

   b. Information may be distorted or biased either intentionally or unintentionally; e.g., in the initial presentation of a problem, people usually put their own actions in a favorable light.

   OR

   Part of what the boss knows about a subordinate has come to him by hearsay which is usually distorted by its carriers.

   c. Data on feelings are often suppressed, e.g., a subordinate often hesitates to let his boss know when he has been hurt or upset by the boss's remark.

   OR

   He may be unwilling to admit that he feels unprepared or unsure of himself in connection with an assignment.

   d. There has not been time for a careful search for underlying causes; e.g., people often blame poor performance on "laziness" without trying to find out whether the "laziness" is due to lack of energy, fear, or resentful stubborness.

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2. Remedial action based on wrong assumption as to causes is only temporarily effective and may be even harmful.

    a. "Telling" a man to improve is rarely enough. That assumes that people have more control and understanding of their behavior than they usually do.

    b. Use of praise or punishment alone often leaves underlying anxieties or lack of ability completely untouched.

    c. Threats may cause performance deterioration by adding to anxiety.

    d. After various inappropriate steps are taken with no improvement, both people stop trying.

3. Some common underlying causes to be kept in mind:

    a. Difference in perceptions of the job to be done, or the relative importance of various parts of it.

    b. Misunderstanding, due to incomplete or blocked communications.

    c. Incorrect interpretation of the intentions and motives of the other man, e.g., mistrust.

    d. Inadequate preparation or training for the job or some parts of it.

    e. Underlying anxiety (realistic or not) about criticism, leading to caution, lack of initiative, etc.

    f. Hidden resentments against boss or company due to real or fancied mistreatment.

    g. Sapping of energy due to:

        - unsuspected medical conditions;
        - worries about family, money, etc.

    h. Feelings of rejection due to:

        - lack of attention from boss or peers;
        - unintentional slights.

3. Over-optimism and carelessness due to covering up anxiety or depression.

4. Getting data for diagnosis (Jo-Hari Window Model, Appendix I-p):

   a. The situation at the beginning of the discussion:

	Known to Subordinate	Unknown to Subordinate
Known to Manager	Area of Open Discussion	Suppressed Data Creating Caution and Fantasies
Unknown to Manager	Suppressed Data Needed for Diagnosis	Area of Potentially New Data and Hypotheses

b. The desirable situation for diagnosis:

	Known to Subordinate	Unknown to Subordinate	
Known to Manager	Area of Open Discussion		← Suppressed Data Creating Caution and Fantasies
Unknown to Manager	Suppressed Data Needed for Diagnosis		← Potentially New Data & Hypotheses

c. Rarely can diagnosis be completed in a short interview. It should be regarded as an ongoing process, improving as the manager-subordinate relationship improves.

APPENDIX IV-d

DEVELOPING SUPERVISORY SKILLS WORKSHOP:
STYLES OF CONSULTATION--A ROLE PLAY

APPENDIX IV-d-1

CLIENT; CONSULTANT I; CONSULTANT II; AND ANALYSIS SHEET

(Roles)

(see P. 117)

APPENDIX IV-d-2

PRINCIPLES OF CONSULTATION

(Theory)

(see P. 118)

TWO STYLES OF CONSULTATION

Instructions for Client

1. Think of a real situation back in your work environment where you would like to increasingly involve your subordinates or peers in the actual functioning, managing, or working of the unit. This should be a situation that:

    A. You can actually do something about.

    B. Is real and important to the operation of your unit. If possible, it should be a situation that you have thought about and would like to do something about.

    C. Is current and is not complicated by a long history.

2. Consult first with Consultant I, then with Consultant II. Try to get help from them.

3. Note the differences between the way the two consultants interact with you, your own feelings in the two situations, and the relative amount of help you get. You will discuss these matters at the end of the exercise.

TWO STYLES OF CONSULTATION

Instructions for Consultant I

1. Listen carefully to the problem as presented by the client.
2. Give advice to the client based on:
   - A. What you would do if you were in his situation, or
   - B. A similar experience that you remember -- either your own or one you have heard about.
   - C. What you think is the best way to handle the problem.
3. If the client doesn't seem to accept your advice, try some other proposals until you hit upon something or until the allotted time is up.

(IV-d-1)

TWO STYLES OF CONSULTATION

Instructions for Consultant II

1. Listen carefully to the problem as presented by the client.

2. Your job is to help him understand his problem better, to see it from new points of view. To do this you will raise questions, not give advice. Help him keep thinking aloud. Try not to act like a cross-examiner; be thoughtful and reflective. Use "open-ended" questions rather than those that have "yes" or "no" answers.

3. Generally stay close to his line of thought, raising questions about:

    A. The feelings, attitudes, beliefs, etc. of the people involved in the situations he describes.

    B. His own goals. What is he trying to achieve?

    C. His feelings and emotions about the people involved.

    D. What he perceives as blocking factors or resistances. Could these be changed? Are they real?

4. Be alert to the changing definition of the problem as information develops and help client see these changes.

(IV-d-1) TWO STYLES OF CONSULTATION

Analysis Sheet

Use the following questions as springboards for your discussion, but don't be limited by them.

1. Does one style of consulting seem to have any clear advantages over the other? What are they?

2. Did the client respond differently to the two styles? How?

3. From the consultant's viewpoint, does one method appear to be more difficult to learn and use than the other?

4. Considering each method alone, what could be done to improve it?

5. Could Consultation Style II be used in performance reviews with subordinates? Any needed changes?

(IV-d-2) PRINCIPLES OF CONSULTATION*

Introduction

The complexities of large business organizations require that the effective manager play many roles. In addition to the role of decision-maker, planner, leader, evaluator, etc., an important requirement of effective managerial behavior is that the manager be able to function as an advisor, consultant, coach, or helper in dealing with problems of subordinates, peers, and superiors. These functions can be summarized as those of a consultant. Thus, when performing as an advisor to his superior, when helping on strategy planning and problem-solving with a coordinate level manager, and when serving as a teacher or coach with subordinates in their problem-solving and development, the manager fulfills the consulting role.

Traditionally, the consultative functions are more likely to be attributed to staff specialists, since their job definition emphasizes being available for help to the line organization. Today, however, it is clear that the line manager has consulting responsibilities as well. In fact, detailed observation of managers in operation indicates that a good portion of their time is spent in the same kinds of behaviors as staff people.

Moreover, a manager who provides advice at one moment is very likely to be in the position of seeking or accepting advice at another time. This rhythm of giving and receiving help points up clearly the tremendous interdependence that exists today within the management ranks of a large organization. With emphasis upon hard-hitting, competitive approaches and "survival of the fittest," the need for giving and receiving help must be met if a managerial group is to be welded together into a cohesive, effective organization.

Managerial Attitudes Toward The Consulting Role

All managers accept the fact that their job is to obtain results through people. For most managers, this statement is defined primarily in terms of motivating, leading, controlling, and directing. It is only when a serious difficulty arises with a subordinate or coordinate level manager whose performance is not sufficient to meet the objectives established that a manager begins to see himself as being a helper or advisor. But if managers could accept continuing responsibility for consultation, they could initiate preventive action and help people improve their performance before they faced a crisis or emergency situation.

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Analysis of the attitudes of managers toward giving and receiving help indicates that there are some barriers which stand in the way of both asking and receiving consultative help. The more important of these are as follows:

Barriers to Giving Help

1. Emphasis upon rugged individualism and standing on one's own feet.
2. Not understanding what another person needs by way of help.
3. Assuming a lack of skill to help the other person.
4. Unwillingness to risk not having own ideas accepted.
5. Belief that helping others will make them dependent and use you as a crutch.
6. Not wanting to become involved in a difficult or touchy problem.

Barriers to Asking for Help

1. Fear of looking stupid or weak.
2. May hear what you don't want to hear, e.g., criticism.
3. May have to raise an unpopular subject.
4. Lack of confidence that consultation can be useful.
5. Belief in doing everything yourself.

Not all of these barriers exist in the attitudes of all managers, but in order to be effective in a consulting role, it is necessary for a manager to analyze his own outlook and to understand what factors may be inhibiting or facilitating his usefulness as an advisor.

What Does a Person Asking for Assistance Want from His Helper

The consulting role becomes much clearer by analyzing just what a person seeking assistance wants. Obviously, in some way the seeker (client) wants a solution to the problem he presents to his helper (advisor). However, it is often very clear that the client has thought of most of the solutions to the problem but somehow cannot bring himself to accept one of the alternatives and to make the decision which would result in action. If many or most of the solutions are already known to the person seeking advice, then a consultant who lays down a barrage of suggestions and advice to a client may be trying to "put water into a pail that is already full." Often something else is desired by the person seeking advice.

What the client usually wants is a combination of such things as an opportunity to ventilate his thoughts and feelings, to have a mirror or sounding board which he can use to clarify the problem and his approach to it, and some reassurance that the helper understands his situation. Sympathetic acceptance of the problem and the person presenting it may be more helpful than an idea. Most managers prefer to develop their own ideas. What the client frequently needs is to hear how his possible course(s) of action sound to his own ears, and to feel emotionally secure about the fruits of his reasoning.

Consultant Needs and Satisfactions

It is important for the consultant to get some significant rewards from the relationship and to satisfy some needs of his own. While a consultant holds his own needs temporarily in abeyance when he is trying to help his client, most consultants hope to learn something from being involved in this relationship which can be useful to them later. This includes gaining information about the experience of another person which helps to broaden the consultant's perspective. Secondly, the consultant likes the ego-satisfaction of having been sought out as an advisor, and of being trusted enough by the client to be taken into the problem and involved in the situation. The consultant hopes to have his ideas and suggestions accepted but, in the final analysis, success in helping the client gain new insights should provide more satisfaction than whether a given proposal of the consultant is finally accepted.

A third source of satisfaction for the consultant is the knowledge that he has shared in the ultimate results. Knowing that he has been a part of the attack upon the problem, the consultant derives a sense of pleasure that comes from having participated in the solution of a difficult problem. This is, of course, the type of satisfaction that accrues from training or developing subordinates. Finally, the consultant gains a great deal of understanding about his client in the course of working together. When asking for help a manager's feelings, attitudes, wisdom, etc., are revealed in a much more complete way than would normally be possible in the busy pace of the work day. And this knowledge can be extremely useful to the helper in his other relationships with the person being helped, particularly in the mutual trust and respect that is developed.

Principles of Consultation

1. The consultant constantly works toward a cooperative, mutually trusting, relationship with his client. He is careful not to be critical nor excessively complimentary, yet he must be sincere in what he says. He aims toward increasing the client's trust in him so that the client feels free to communicate his problems, difficulties and concerns to the consultant. Furthermore, the consultant strives to create a relationship of joint responsibility for problem-solving rather than one of dependency upon the consultant's own knowledge and skills. Finally, the consultant must show himself worthy of the trust shown by the client by preserving the confidentiality of the material that is communicated to him.

2. The consultant strives to increase the independence and skill of the client. He hopes that his effort will result not only in solving specific problems presented but also in aiding the client's own growth and development over the long run. In this way, the client becomes more able to deal with problems on his own and develops self-confidence which will enable him to get by with less reliance upon consultative assistance. We might say that the consultant's effort is to help people learn how to solve problems, rather than to solve problems for them.

3. An important function of the consultant is to help the client diagnose the problem. While consultants are presented the problem by the client in the way the client sees it, consultative work frequently brings to light the fact that the real problem is different from the one brought by the client originally. In this respect, the consultant serves as a catalytic agent who can challenge assumptions, present alternatives and get the client to examine his attitudes and insights about the matter presented.

4. The consultant serves as a sounding board. Some consultants believe that they are not doing an effective job unless they are making suggestions or giving ideas. Often, however, a consultant is extremely useful because of his ability to listen and to help clarify the client's goals and attitudes. The consultant believes that the client usually has resources to solve his own problems if they are sufficiently understood by him. As a sounding board, the consultant can be used to test ideas regarding innovation and change. From his broader perspective and experience, he may be able to help his client to forecast consequences of various lines of action more accurately.

5. The consultant makes suggestions but is not a decision-maker. In making suggestions, the consultant raises them as possibilities. He is tentative rather than certain for he does not have to have things done his way. When he believes that incorrect decisions are being made, he raises

questions about the possible consequences of the decisions. Often the best thing that a consultant can do is to help the client see alternatives and their consequences. This may provide the necessary reassurance to a client who has already thought of most of the solutions himself, but has not thought through all the consequences because of his anxiety.

6. The consultant is selective in making suggestions. The consultant may have many ideas about improving the way the client can function or about how a given problem can be solved. However, if he brings up too soon the recommendations which are the most difficult for the client to accept, he is likely to create resistance which diminishes his usefulness considerably. Thus, he may postpone making some suggestions until the client is able to use these and has the readiness to accept the implications of the proposed action.

7. The consultant maintains objectivity. It is difficult for a manager while serving as an advisor to eliminate his evaluations of a situation against his own experience and his skill in analyzing similar situations. At times, the client will want and can benefit from having the consultant's evaluation of the situation. For the most part, however, the consultant can be more useful to his client by refraining from making evaluations and by helping the client to evaluate the situation himself by going through an impartial and objective joint analysis. This serves to minimize dependency upon the helper and is one of the best ways of getting the client to develop his own analytical skills.

DEVELOPING SUPERVISORY SKILLS WORKSHOP:

GROUP PAINTING--A TEAM BUILDING EXERCISE

(see P. 118)

APPENDIX IV-e-1: GROUP PAINTING--Purpose and Summary of Exercise

APPENDIX IV-e-2: GROUP PAINTING--Introduction

APPENDIX IV-e-3: GROUP PAINTING -- ONIONS AND FLOWERS; SAMPLE SOCIOGRAM; & EXPLANATION OF RATINGS

APPENDIX IV-e-4: GROUP PAINTING--OBSERVATION GUIDE

DEVELOPING SUPERVISORY SKILLS WORKSHOP:

GROUP PAINTING--AN INTERGROUP EXERCISE

(see P. 119)

APPENDIX IV-e-5: INTERGROUP EXERCISE--Purpose and Summary of Exercise

APPENDIX IV-e-6: INTERGROUP EXERCISE RATING SCALE

APPENDIX IV-e-7: INTERGROUP EXERCISE--DISCUSSION GUIDE

APPENDIX IV-e-8: INTERGROUP THEORY *(see Pp. 120, 133)*

(IV-e-1) TEAM BUILDING EXERCISE: Group Painting

Purpose

The purpose of this exercise is to enable people to make a contribution to their group through a medium not typical of everyday group life. Most interactions in group life are verbal. The group member with high verbal facility obviously has an advantage. Group members with less verbal facility may have other kinds of resources that are usually not tapped through verbal interactions. An exercise, such as a group painting, may help less verbal members emerge and exert influence. The exercise provides a fun experience which can: serve as a tension reducer, provide an opportunity for group members to visualize their group in a different medium (more symbolic), build a climate of experimentation and risk-taking, and provide a vehicle for processing team effort on a relatively nonverbal task.

Summary of Exercise

Place material on table -- crayons, chalk, newsprint, scotch tape, etc. The groups are instructed to make a group painting. The only requirement is that the painting be a group project, original and beautiful. It may represent something about their group.

Each group selects two observers (if group numbers 10 or more members) to meet with a staff member for instructions. If group numbers nine or less, no observers are required, members can process questions together after completion of painting. The observers are instructed to observe their group during the group painting and focus particularly on the following questions:

1. Was there any attempt to identify resources?
2. How was the decision made as to what to paint? (Who was most influential?)
3. How were work assignments made? (What role did different members take?)
4. Was there any attempt to integrate the painting into a meaningful whole?
5. Who seemed to be involved? (Who did or did not participate?)
6. Did anyone paint over or change another's creation? How did the persons involved feel?

7. Was it a group project? (Did everyone paint or only a few who were seen as resource persons, e.g., artists?)

Immediately after the painting is completed observers give their observations on group process within the group. If there are no observers, all group members process their activity using the observation guide. If you use the sociometric rating (Flowers and Onions) scale, have group members complete this immediately after completion of the painting, before the process analysis. A sociogram can then be constructed on newsprint, using one color for flowers (e.g., green arrows) and another color for onions (e.g., purple arrows). Trainers can draw the sociogram while groups are processing observation guide and present it to them for discussion immediately after completion of their process analysis. A somewhat riskier alternative is to have group members draw their own arrows one at a time on the blank sociogram (on newsprint). After processing sociogram, groups can return to the general session and tape their paintings on the wall for all groups to observe. If intergroup exercise does not follow, each group can interpret their painting to other groups.

(IV-e-2) GROUP PAINTING

Introduction

All work and no play makes
Jack a dull boy.

Creative energies are drained by work--can be enervating, get stale and lose sense of aliveness.

Work as the only role outlet for energy creates problems at retirement.

How do we revitalize our creative energy to keep us productive,.satisfied, and alive on the job in terms of creativity, motivation, innovation, flexibility, risk-taking, and problem-solving? Revitalize our energies through play, amusements, vacations, hobbies, avocations, etc.

Group Painting

This activity provides an opportunity to study your own group process through a different medium--one not requiring high verbal skills. Also provides an opportunity for group members to exert influence, participate and contribute to the group in a different way.

(IV-e-3)

GROUP PAINTING

Onions and Flowers

NAME:______________________________ GROUP:______________________________

How much skill or competence do you feel you have in this kind of activity? (CIRCLE ONE)

1. High level of skill
2. Above average skill
3. Average skill
4. Below average skill
5. No skill at all

Give two flowers to whomever you felt had a positive influence in the task the group just completed. You may give two flowers to the same person if you felt their influence was outstanding. You can also give flowers to yourself.

1. ______________________________

2. ______________________________

Give two onions to whomever you felt exerted little or no influence on the task the group just completed. You may give yourself an onion, but please do not use this as a cop-out strategy.

1. ______________________________

2. ______________________________

Prediction of how many flowers and onions you will receive.

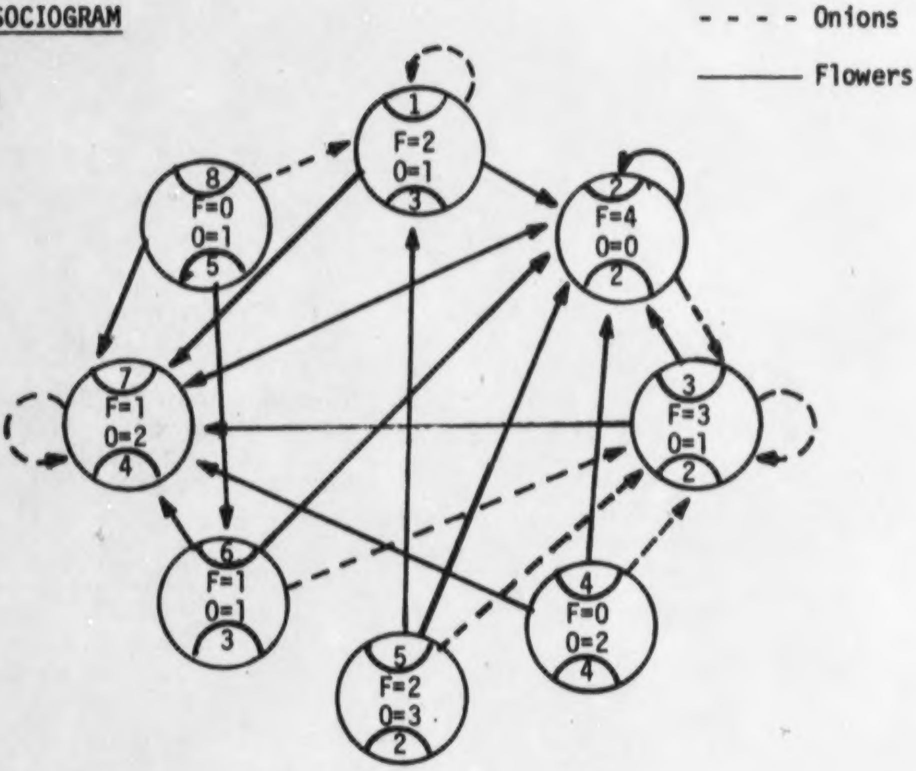
Flowers:____________

Onions: ____________

NOTE: See sample sociogram and explanation of ratings on the following two pages.

SAMPLE SOCIOGRAM

(IV-e-3)



Sample Process Questions

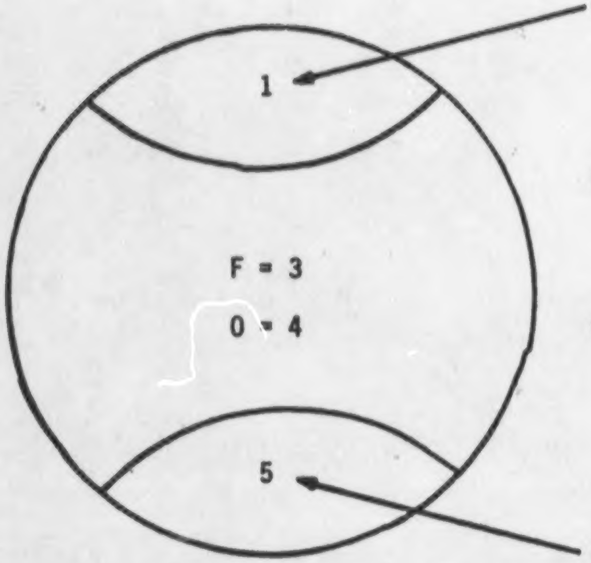
Who are high in positive influence?
Who are high in negative influence?
How accurate are the predictions?
Who rated themselves high in skill and received high positive influence?
Who rated themselves high in skill and received low or negative influence?
Who rated themselves low in skill and received low or negative influence?
Who rated themselves low in skill and received high positive influence?

Try to give specific feedback (concrete examples) as to why you rated someone as you did. Focus on behaviors rather than being evaluative or judgmental about the person. Observe, do not interpret behaviors. Allow person to interpret feedback for himself.

See following page for explanation of ratings.

SAMPLE SOCIOGRAM: EXPLANATION OF RATINGS

(IV-e-3)



Group member's number

F = prediction of number of flowers group member will get from other group members.

0 = prediction of member of onions group member will get from other group members.

Rating of level of skill

(IV-e-4)

GROUP PAINTING

OBSERVATION GUIDE

While the groups are working on their task, you are to observe and analyze their process. Focus particularly on the following questions:

1. Was there any attempt to identify resources?

2. How was the decision made as to what to paint? (Who was most influential?)

3. How were work assignments made? (What role did different members take?)

4. Was there any attempt to integrate the painting into a meaningful whole?

5. Who seemed to be involved? (Who did or did not participate?)

6. Did anyone paint over or change another's creation? How did the persons involved feel?

7. Was it a group project? (Did everyone paint or only a few who were seen as resource persons, e.g. artists?)

(IV-e-5)

INTERGROUP EXERCISE

Purpose

The purpose of the exercise is to help people develop sensitivity to the dynamics which occur between groups when they are interfacing on some issue. These dynamics involve negative stereotyping, creating communication barriers, and developing win/lose strategies. The vehicle used in this instance is the Group Painting Exercise.

Summary of Exercise

The groups are told to select representatives who will meet as a committee to decide upon the best painting. If there are only two or three groups use two representatives from each group. Each group places its painting on the wall in view of the other groups. The groups survey all of the paintings and then collect together to select a representative(s). Approximately 10 minutes are spent in briefing the group representatives on what their painting represents and to develop some strategy to win the competition. The representatives either meet around a table with their groups positioned in back of them, or they can be seated in a panel format with the groups in front. It is important, however, to keep the groups intact rather than dispersed. The instructions for this part are as follows:

> "The task for the representatives is to present their group's painting and then to decide which painting is the best. They can develop any system or procedure they wish. The only way that group members can communicate with their representative is to write telegrams (notes) and pass these to the table. They are not allowed to talk to their representative directly. If at any time a group member feels that his representative is not doing an adequate job, he can replace him by coming up and placing his hand on his shoulder. The representative then should return to the group. There are no limits to how many times a representative can be replaced."

Allow the committee to discuss the paintings for about 15 minutes. You can then take a secret ballot to test whether or not they have made a decision. This ballot usually is a stalemate. Allow them to discuss the painting for another 10 minutes. At this point if they have not devised a system for evaluating the paintings you can suggest another ballot in which each representative is instructed to vote for any painting but his own. If there are only two groups and a deadlock still exists, call in a stranger to decide which is the best painting.

When the best painting has been selected so that you have a winner and losers, the groups are then instructed to process these five questions:

1. What happens within groups?

2. What happens between groups?

3. What happens to the winners?

4. What happens to the losers?

5. What happens to the representatives?

After about 20 minutes, pass out the theory paper to each group and have them again process the five questions in terms of the dynamics that are described on the paper (Appendix IV-e-8). The last instruction is to have each group identify other situations in which there has been some conflict between groups, such as patients vs. staff, Medical Administration vs. professional staff, night shift vs. day shift, etc.

(IV-e-6)

INTERGROUP EXERCISE RATING SCALE

Key: Our Group: ○

Other Group: □

1. OBJECTIVITY:

Unbiased 1 2 3 4 5 Biased

2. ARTISTIC JUDGMENT:

High 1 2 3 4 5 Low

3. WILLINGNESS TO CHANGE:

Open-minded 1 2 3 4 5 Closed-minded

4. HEARING OTHERS:

Good listeners 1 2 3 4 5 Poor listeners

5. OVERALL QUALITY:

Superior 1 2 3 4 5 Inferior

(IV-e-7)

INTERGROUP EXERCISE
DISCUSSION GUIDE

Each group will analyze the process of intergroup competition in terms of the following questions:

1. What happened within the group?

2. What happened between the groups?

3. What happened to the representatives?

4. What happens to the winners?

5. What happens to the losers?

TOPIC: INTERGROUP THEORY

Summary of Jerry Harvey's, "Some Dynamics of Intergroup Competition," H.R. Training News, Vol. 8, No. 3 & 4, 1964-65.

As he moves through life, the individual is a member of many groups. Frequently the norms, standards, values, goals, etc. of groups are in conflict with those of other groups. Typical examples include Russia vs. the U.S., Labor vs. Management, Protestant vs. Catholic, Negro vs. white, Democrat vs. Republican, Liberal vs. Conservative, etc. Where an individual is a member of such groups, he becomes a part of the conflict.

Therefore, the purpose of the intergroup exercise was to create conditions whereby problems arising in competition and conflict between groups could be experienced, and later, subjected to systematic analysis.

Some of the events which generally occur as groups work together to "iron out" differences are summarized below.

1. What happens within the group?

   a. Each group pulls in close; sees other as enemy; loyalty increases.

   b. Sees only the best in itself and the worst in the other; puts up a filter or screen.

   c. Members close ranks, increase of feelings that we are a good group.

   d. Group demands more conformity from its members--no moderation toward other group.

   e. Leadership changes; more autocracy is accepted.

   f. Group atmosphere changes:

      play, flight ⟶ work
      high maintenance ⟶ low maintenance

   g. Group becomes structured; may reveal cleavages and discord--but visible only to in-group.

Topic: Intergroup Theory

2. What happens between the groups?

   a. Bad stereotypes form filters in perceptual screen; distort images and information.

   b. Members become hostile toward other group.

   c. Interaction and communication decreases; don't want to see the other group's point of view (when needed most).

   d. Members don't listen to adversary; hear only that which supports own position.

   e. Each group sees its solution to the problems as being superior to that proposed by the other--do not see similarities, only differences.

   f. Each group sees its representative as being superior to the representative of the other group.

   g. Each group is more committed to its solutions than to that proposed by the other group.

3. What happens to winner?

   a. Retains cohesion, becomes more cohesive.

   b. Fat and happy.

   c. Release of tension, no more fighting spirit.

   d. More play, complacency--unable to deal innovatively with similar problems.

   e. High cooperation, but little work--sow seeds for future defeat.

4. What happens to loser?

   a. Group splinters, fights, reorganizes--seeks reasons for defeat.

   b. Lean and hungry; looking for someone to blame.

   c. Increase of tension, ready to dig harder.

d. Blames leaders and organization--scapegoating.

e. Learns a lot about itself.

5. What happens to representative?

a. Under tension, feel responsible for group's success or failure.

b. Not free to negotiate, to follow his conscience, or look objectively at problem.

c. Suffers conflict, loyalty vs. honest judgment, becomes inflexible and rigid.

d. Consequences of not following group's mandate ⟶ punishment, ostracism, "traitor."

APPENDIX IV-f

STYLES OF INFLUENCE RATING SHEET

(see P. 121)

(IV-f)

STYLES OF INFLUENCE

Rating Sheet

NAME:______________________________ DATE:____________ GROUP #:________________

INSTRUCTIONS: Rate each group member in the space under his/her name according to the style of influence that you think most nearly describes him/her. Do this for every category. Include yourself in your evaluation.

	1	2	3	4	5	6	7	8	9	10	11	12
Names												
Participation												
Leveling												
Group Decisions												

APPENDIX IV-g

EVALUATION FORM--PART ONE AND PART TWO

(see P. 124)

(IV-g)

NAME: ______________________________

WORKSHOP EVALUATION

Part 1

Please rate each workshop element for your satisfaction with it and for its perceived applicability

ELEMENT	SATISFACTION			APPLICABILITY		
	Hi	Med	Lo	Hi	Med	Lo
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

DEVELOPING SUPERVISORY SKILLS WORKSHOP

Evaluation Form

Part 2

1. Has the workshop increased your awareness/understanding of your supervisory style? Explain.

2. Has the workshop increased your awareness/understanding of your relationships with your subordinates? Explain.

3. Has the workshop increased your awareness/understanding of your decision-making style in your back-home groups? Explain.

4. Has the workshop increased your awareness/understanding of your ability to diagnose and work through group/team problems? Explain.

APPENDIX IV-h

DEVELOPING SUPERVISORY LEADERSHIP SKILLS

SUMMARY OF CONCEPTS

(see P. 124)

(IV-h)

DEVELOPING SUPERVISORY LEADERSHIP SKILLS

SUMMARY OF CONCEPTS

The seven aims of the seminar are listed below, some very important concepts summarized under each. This outline is not intended to be a complete discussion of these concepts, but merely an efficient memory jogger.

1. To develop skill in creating full, open communications between supervisor and his subordinates.

   (a) Both subordinates and supervisors need to work constantly to remove the various hindrances which interfere with keeping communications open.

   (b) Giving feedback and seeking it from others is an important key to keeping communications productively free.

2. To practice basic skills in diagnosing performance problems and in working with subordinates to improve their performance.

   (a) Problems which people have in dealing with others are very difficult to change. Supervisors need to continue to practice new methods to help facilitate such improvements.

   (b) Significant improvements require time and energy to be effected.

   (c) Subordinates and supervisors should share equally in all planning for improvements in the subordinates' performance.

3. To develop skill in involving subordinates in group decision-making.

   (a) The higher the level of involvement of personnel in decision-making, the greater the probability that projects will be efficiently carried out.

   (b) The greatest proportion of subordinates will respond favorably and creatively to the opportunity to be involved in decisions which pertain to their work.

4. To enlighten the supervisor about the changing nature of the work force and to review modern approaches to motivating people.

   (a) More workers have their basic needs met today and require higher level motivators to involve them in their work.

   (b) Increased attention needs to be paid by organizations to motivating the new work force through using these factors: responsibility, achievement, growth, challenging work, and recognition.

5. To assist the supervisor in looking at his style of managing people and to work with his self-analysis and the analysis of some of his colleagues in broadening his skills.

   (a) To improve one's managing skills it is imperative to have insight about how one's present style is seen by others.

   (b) Each individual needs to have a feedback system established so that he can constantly and effectively monitor his managerial and interpersonal behavior.

6. To develop skill in helping people deal with their work problems, and in bringing to bear on them relevant organizational resources.

   (a) A manager must effectively serve as a consultant for the work problems faced by his peers and subordinates, often even his superior.

   (b) There are many psychological barriers which make it difficult for people in organizations to seek help on work problems. Managers must practice skills which will help them to meet this responsibility.

   (c) There are more resources for help in an organization than are used by people with work problems.

7. To encourage the supervisor to develop a continuing process of analyzing his own behavior and of obtaining feedback on the job as to ways he can increase his effectiveness.

   (a) At regular intervals individuals need to step back and to appraise their current performance strengths and weaknesses.

   (b) Managers need to establish a close relationship with one or several persons who will provide an accurate mirror of current behavior.

APPENDIX IV-i

POST-MEETING QUESTIONNAIRE

(see Pp. 126, 136)

NAME: ______________________________

(IV-i)

POST-MEETING QUESTIONNAIRE

1. Inclusion

How included did you feel in your group's discussion (circle one)?

Completely excluded 1 2 3 4 5 6 7 Completely included

2. Commitment

How much commitment do you now feel to your group (circle one)?

Completely uncommitted 1 2 3 4 5 6 7 Completely committed

3. Product

How do you feel about the quality of your group's product (circle one)?

Completely dissatisfied 1 2 3 4 5 6 7 Completely satisfied

4. Resources

To what extent did your group utilize its resources (circle one)?

Not utilized at all 1 2 3 4 5 6 7 Complete utilization

APPENDIX IV-j

ORGANIZATIONAL CULTURE AND GROUP NORMS

(Theory)

(see Pp. 127, 136)

(IV-j) ORGANIZATIONAL CULTURE AND GROUP NORMS*

(Outline of Lecturette)

Organizational Culture

Patterns of how to do things which are believed to create order and regularity.

Set standards for how people relate:

- appropriateness of behaviors,
- legitimacy of issues open for discussion.

Includes beliefs, attitudes, assumptions, norms, conventions, how policies and rules are formulated.

Imbedded, second nature, often unexamined or not challenged.

Visible Parts of Culture

Organizational structure (table of organization)

Job titles and descriptions

Formal authority networks (line staff)

Operating policies and practices (memoranda)

Ways in which good job performance is rewarded (e.g., quality increase)

Not So Visible Parts of Culture

Patterns of influence and power among individuals, work units, and departments.

Norms and loyalties of work groups and departments.

---

*Contributed by Philip G. Hanson, Ph.D., VA Hospital, Houston, Texas.

Whom people can trust and how much risk they can take.

Value systems among individuals, work units, departments, and the organization.

How work-related roles are perceived.

Feelings and needs of employees.

How people, groups, and departments relate to each other.

Ways in which human resources (may or may not be work-related) are identified and rewarded.

The informal (sub rosa) organization contains many of the not-so-visible parts of the culture and is used to "get around" (even sabotage) the rules, policies, and regulations of the formal organization.

Group Norms

Norms are standards or ground rules that influence or control group or team behavior.

They are the beliefs or desires of the majority of what behaviors should or should not take place in group.

They can emerge from within the group or infiltrate the group from without (the organizational culture in which the group is embedded).

Some norms are explicit--everyone or almost everyone is aware of them. They may be statements of how the group wants to operate, agreed upon by group members.

Some norms are implicit--very few or no one is aware of them, but they govern group behavior nevertheless. Implicit norms frequently are not discovered until someone breaks one; or when it becomes obvious to someone that the group avoids certain topics, interactions, or behaviors; or when certain behaviors, operations, etc., are engaged in which have no real utility for the group, but persist anyway until someone challenges them.

Norms can facilitate or hinder group progress or functioning. A norm which says, "The expression and discussion of feelings is not a legitimate area of concern to this group" will hinder group functioning, particularly when the issues with which the group is dealing evoke strong emotions. The opposite kind of norm, of course, will facilitate group functioning.

Norms can be explicit/facilitative, explicit/inhibitive, implicit/facilitative, and implicit/inhibitive. For example, an explicit norm which is also facilitative may be operating in a group which says, "We want to learn more about ourselves and exchange feedback"; an implicit/inhibitive norm may also be operating simultaneously which says, "You have to be careful in this group or you can really get hurt--play it safe!" As a consequence, group behavior may be excessively polite and superficial.

The task for team building is to:

1. Identify (make explicit) norms by which the team is operating.

2. Check those norms which inhibit or facilitate team effectiveness.

3. Modify or drop those norms which make team functioning ineffective.

4. Develop or build upon those norms which move the team toward more effective functioning.

5. Agree upon, practice, and evaluate new norms which are not present, but which the team considers to have potential for increasing team effectiveness.

6. Develop a Model or Standard of Excellence for team functioning against which the team can measure its current effectiveness. The Model or Standard of Excellence should be arrived at through consensus to insure high commitment.

7. Team should develop a commitment to critique itself periodically.

APPENDIX IV-k

GROUP ATMOSPHERE WORDS

(Scale)

(see Pp. 127, 139)

(IV-k) GROUP ATMOSPHERE WORDS

NAME:____________________ DATA #:______ DG SESSION:______ DATE:______________

1. I felt the DG meeting was (CIRCLE ONE ON EACH LINE):

4 Very rewarding	3 Somewhat rewarding	2 A little rewarding	1 Not rewarding
4 Very sluggish	3 Somewhat sluggish	2 A little sluggish	1 Not sluggish
4 Very cooperative	3 Somewhat cooperative	2 A little cooperative	1 Not cooperative
4 Very competitive	3 Somewhat competitive	2 A little competitive	1 Not competitive
4 Much play	3 Some play	2 A little play	1 No play
4 Much work	3 Some work	2 A little work	1 No work
4 Much fight	3 Some fight	2 A little fight	1 No fight
4 Much flight	3 Some flight	2 A little flight	1 No flight
4 Very tense	3 Somewhat tense	2 A little tense	1 Not tense

2. To what extent did we talk about events arising out of our group's activity (here-and-now), and to what extent about events not caused by group activity (there-and-then)? (CIRCLE ONE NUMBER)

9 Completely here-and-now
8 Almost completely here-and-now
7 Quite here-and-now
6 Somewhat here-and-now
5 Equally between here-and-now, and there-and-then
4 Somewhat there-and-then
3 Quite there-and-then
2 Almost completely there-and-then
1 Completely there-and-then

3. Was I leveling with the group? That is, did I feel free to say what I really thought at the time that I felt it was necessary, or did I find it impossible to express my true feelings?

I felt: (CIRCLE ONE NUMBER)

9 Completely free and expressive, open and above board
8 Almost completely open
7 Somewhat open
6 Slightly more open than closed
5 Neither open nor closed
4 Slightly more closed than open
3 Somewhat closed
2 Almost completely closed
1 Completely under wraps, closed and hidden

APPENDIX IV-1

FEEDBACK FORM:

Task and Maintenance

(see Pp. 128, 137)

(IV-1)

FEEDBACK FORM

Make a "+" mark for behavior observed.
Make a "-" mark for behavior opposite to that described by item
Make a "o" mark when behavior described is not observed or present.
Make a rating on every item for every individual (including self) in your subgroup.

	NAMES			
Group Roles				Self
Task Functions				
Keeping group on target				
Asking/giving information				
Defining & clarifying task				
Suggesting Procedures				
Maintenance Functions				
Gate Keeping				
Opening				
Closing				
Checking for understanding				
Mediate differences				
Supports and encourages				
Other behavior which you observed that isn't listed above.				

APPENDIX IV-m

PROBLEM IDENTIFICATION FORM II

(see P. 130)

PROBLEM IDENTIFICATION FORM II

Think about a problem concerning team development in your back-home situation and for which you have a need or desire to resolve. This should be a situation that:

1. You can influence or do something about.
2. Is real and important to the operation of your work unit or treatment team.
3. Is current.

I understand the problem to be: ____________________

Restate the problem indicating the direction of change you desire: ____

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